

L12000058777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2012 AUG 17 PM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
AUG 20 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY TRASHOUTS & PROPERTY PRESERVATION, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL MARSONEK
Name of Person

TAMPA BAY TRASHOUTS & PROPERTY PRESERVATION, LLC.
Firm/Company

114 W. WILLOWOOD ST.
Address

TAMPA, FL. 33613
City/State and Zip Code

MMARSONEK@YAHOO.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MARSONEK at 813, 247-4020
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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☐ Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMPA BAY TRASHOUTS & PROPERTY PRESERVATION, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-1-2012 and assigned Florida document number L12000058777.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: NO NAME CHANGE

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

114 W. WILDWOOD ST.

* (Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL. 33613

Enter new mailing address, if applicable:

114 W. WILDWOOD ST.

* (Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL. 33613

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

* New Registered Office Address:

114 W. WILDWOOD ST.

Enter Florida street address

TAMPA
City

Florida 33613
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member REMOVE ALL 4 - NAMES

Title	Name	Address	Type of Action
MGRM	MICHAEL J. MARSONEK	2205 DAVIS ST. TAMPA, FL. 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANA B. MARSONEK	2205 DAVIS ST. TAMPA, FL. 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SERGIO MARSONEK	2205 DAVIS ST. TAMPA, FL. 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MEGAN L. MARSONEK	2205 DAVIS ST. TAMPA, FL. 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

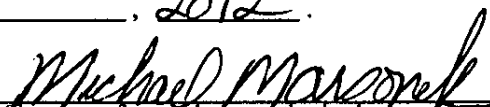
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 17 AM 9:02

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Dated AUGUST 15TH, 2012.


Signature of a member or authorized representative of a member
MICHAEL MARSONEK
Typed or printed name of signee