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COVER LETTER

Div	ision of Corp	porations			
SUDJECT.	TAMPA PR	ROPERTY EXCHANGE LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		MICHAEL J. FAEHNER			
			Name of Person		
		M FAEHNER ESQ LLC			
			Firm/Company		
	600 BYPASS DRIVE STE 100				
					
		CLEARWATER, FL 3376	54		
			City/State and Zip Code		
		FILINGS@MFAEHNER.C			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	formation co	oncerning this matter, please ca	all:	SECT TALL	
MICHAEL 1	FAEHNER		727 443 5190 at ()	PHO 2	
	Name of	Person	Area Code Daytime	Telephone Number SEE PLOD	
Enclosed is a	check for th	e following amount:		ORITE 17	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	3	NC ADDDESS.	OTD DET /OO LINE	PD ADDRESS.	

MAILING ADDRESS:

TO:

Registration Section

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 PROPERTY EXCHANGE 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 $\underline{06/14/2012}$ and assigned Florida document number L12000078960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the home of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HUMPHREY, LISA	PO BOX 22554	□ Add
		TAMPA, FL 33622	■ Remove
			☐ Change
MGR	BOYD, KEVIN	207 N. TRASK STREET	₩ Add
		TAMPA, FL 33609	□ Remove
			□ Change
			□ Add
			C Remove
			□ Change
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Filing Fee: \$25.00