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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
15 MAR 20 PM 12:19  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

LLC

N/C E. AMEND.

04/14/15

DC

Valerie S. DiVenti  
3905 Tampa Road #463  
Oldsmar, FL 34677

**Registration Section**  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Notice To Owner of Tampa Bay, 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:

Valerie S. DiVenti

Name of Person

Cutting Edge Property Maintenance, LLC

Firm/Company

3905 Tampa Road Unit #463

Address

Oldsmar, FL 34677

City/State and Zip Code

k9devine@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie S. DiVenti

at ( 727 ) 647-0487

Name of Person

Area Code

Daytime Telephone Number

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**

FILED  
15 APR 20 PM 12:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Notice To Owner of Tampa Bay, 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 07/23/12 and assigned  
Florida document number L12000095318.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cutting Edge Property Maintenance, LLC

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:

3905 Tampa Road Unit #463

(Principal office address MUST BE A STREET ADDRESS)

Oldsmar, FL 34677

Enter new mailing address, if applicable:

3905 Tampa Road Unit #463

(Mailing address MAY BE A POST OFFICE BOX)

Oldsmar, FL 34677

**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:

Valerie S. DiVenti

New Registered Office Address:

3905 Tampa Road Unit #463

*Enter Florida street address*

Oldsmar

Florida 34677

*City*

*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 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.*

Valerie S. DiVenti  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Valerie S. DiVenti	3905 Tampa Road Unit #463	<input type="checkbox"/> Add
		Oldsmar, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

*MGR Address change only.*

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

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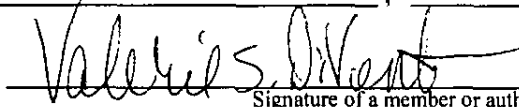
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated: March 17, 2015



Signature of a member or authorized representative of a member

Valerie S. DiVenti

Typed or printed name of signee