## 112000125656

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PICK-UP WAIT MAIL
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## **COVER LETTER**

	Registration Sec Division of Corp		·	
cupica		F ROAD CENTER, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Lance Udell		
			Name of Person	
		4000 MAJESTIC OAK LA	Firm/Company	
		4000 MARSTIC OAK EA	NINE.	
		BROOKSVILLE, FL 3460	Address 22	
		lanceudell@gmail.com	City/State and Zip Code	<u> </u>
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Lance U	dell		813 731-6760	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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:

TO:

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 OFF ROAD CENTER, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	l <mark>ity Company as it now appears on our rec</mark> da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 10/02/2012	and assigned
Florida document number L12000125656	<b></b> -	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "l	
Enter new principal offices address, if applicable:		19 14
Principal office address MUST BE A STREET ADD	ORESS)	FE T
		: PR
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u>=</u> ================================
		<del></del>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, enter the name of the
Name of New Registered Agent:	· - · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:		
	Enter Florida street ad	dress
<u> </u>		, Florida
	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.

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
AMBR	lan Townsend	7914 NORTH PACKWOOD AVENUE	□ Add
		TAMPA, FL 33604	
			■ Remove
			□ Change
			🗖 Add
		<del></del>	□ Remove
			☐ Change
			Remove
			☐ Change
			□ Add
		<del></del>	☐ Remove
			Change
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Note: If the d	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Depart	does not meet the apple	icable statutory filing re-	(optional) han 90 days after filing.) Pursua quirements, this date will not	nt to 605.0207 ( be listed as th
	pecifies a delayed ef day after the record		ot an effective time	e, at 12:01 a.m. on the	earlier of:
January Dated	· 31	2019			
	1 - //1				

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Typed or printed name of signee

Filing Fee: \$25.00