

L12 000 137 329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 MAY 28 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 29 2014

637



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2014

BRUCE CHASTAIN  
713 S BUNGALOW TERR  
TAMPA, FL 33606

SUBJECT: TAMPA RESTORATION PARTNERS LLC  
Ref. Number: L12000137329

We have received your document for TAMPA RESTORATION PARTNERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 914A00000576

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tampa Restoration Partners 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:

**Bruce Wayne Chastain**

Name of Person --

**Tampa Restoration Partners LLC**

Firm/Company

**713 S Bungalow Terrace**

Address

**Tampa, FL 33606**

City/State and Zip Code

**TampaRestorationPartners@gmail.com**

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

For further information concerning this matter, please call:

**Wayne Chastain**

Name of Person

at **813 465-3616**

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**

Tampa Restoration Partners, 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 10/29/2012 and assigned  
Florida document number L12000137329.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

713 S Bungalow Terrace

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

713 S Bungalow Terrace

Tampa, FL 33606

**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:

713 S Bungalow Terrace

*Enter Florida street address*

Tampa

Florida

*City*

33606

*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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SEAL OF THE  
TALLAHASSEE  
14 MAY 23  
9:59  
FILE

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

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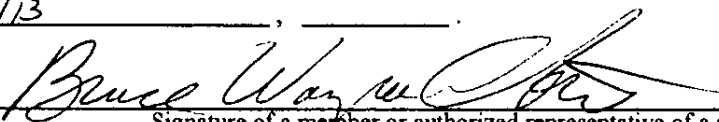
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 12/30/13

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

BRUCE WAYNE CHASTAIN  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 28 AM 9:59  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA