Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002205473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

: (727)443-5829

**Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JS MANAGEMENT OF TAMPA, L.L.C.

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

N. Cullingin

ထု

FILE Audit Fax # 2013 OCT -3 M3D 08 2205473

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION LAHASSEE, FLORIDA OF

The new name must be distinguishable and end with	the words "Limited Liability Company	y," the designation "LLC" or the abbreviation
"L.L.C."	, ,	,
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Esta manus atti — addina if annitashia.		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or	r registered office address on ou	r records, enter the name of the new
registered agent and/or the new registered offi		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Ente	r Florida street address
	Ente	r Florida street address

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

Page 1 of 3

H130002205473

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:

MGRM = Managing Member Type of Action <u>Address</u> Title Name 275 BAYSHORE BLVD., UNIT 1405 **SUZANNE PINTO MGR** TAMPA, FL 33606-2331 Remove

MGR = Manager

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
-			
•			
-			
ted	October 3 , 2013 .		
	(Bol)		
	Signature of a member or authorized representative of a member CHRISTOPHER J. DENICOLO, Authorized Representative		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00