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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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July 1, 2015

MICHAEL NOVILLA 535 DR M.L. KING JR STREET NORTH ST PETE, FL 33701

SUBJECT: DOWNTOWNSTPETE.COM

Ref. Number: L14000128940

We have received your document for DOWNTOWNSTPETE.COM 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 name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 815A00013854

## **COVER LETTER**

	gistration Sec vision of Corp			
CUDIECT.	I Love DTSI	P LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Michael S. Novilla		
			Name of Person	
		DowntownStpete.com		
			Firm/Company	
		535 Dr. M. L. King Jr. Stre	eet North	
			Address	
		St. Pete, Florida, 33701		
			City/State and Zip Code	
		info@downtownstpete.com	to be used for future annual report notifi	agtion)
For further i	nformation co	ncerning this matter, please ca	·	Cation
Michael S. I	Novilla		727 642-1526 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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

I Love DTSP LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited I	Liability Company	were filed on August 18, 2014	and assigned
lorida document number L14000128940			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
DowntownStPete.com LLC		untownStPete.	con LLC
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		535 Dr. M. L. King Jr. Street Nor	th
		St. Pete, Florida 33701	
inter new mailing address, if applicable:		535 Dr. M. L. King Jr. Street Nor	th
Mailing address MAY BE A POST OFFICE BOX)		St. Pete, Florida 33701	
2			
. If amending the registered agent and egistered agent and/or the new registered o			enter the name of the
Name of New Registered Agent:	Michael S. Nov	villa	TASS NA
New Registered Office Address:	535 Dr. M. L. l	King Jr. Street North	FO P
		Enter Florida street address	60 3
	St. Pete	, Flori	da 33701 =
		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.

Michael S.

Digitally-signed by Michael 5. Novilla DN: cn=Michael S. Movilla, o=NOVA 535 Unique Event Space, ou, email=michael@novas35.com, c=US

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 Title **Address Type of Action** 535 Dr. M. L. King Jr STREET N NOVA NOWS LLC ST. PETE, FL 33701 ☐ Remove Change □ Add □ Remove □ Change □ Add \_□ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove Change

Now we are changing the name f	from I Love DTSP LLC to	DowntownStPete com LLC (the			
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<b>.</b>	June 25, 2015	; ;	유류	3: 48	£ ,
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 days a		rsuant to	
e record specifies a delayed ef The 90th day after the record		an effective time, at 12:0	1 a.m. on	the e	arlier (
. June 25th	2015		7 /	7	
Micha	el S. Novill	Digitally signed by Michael S. N DN: cn=Michael S. Novilla, o=N Event Space, ou, email=michae	OVA 535 Unic	lue om,	
Sig.	nature of a member or authori	2ed replementative of a member Date: 2015.06.25 14:01:11 -04'0		•	_

Page 3 of 3

Filing Fee: \$25.00