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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

ANO 8 & Wife

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TO:	, Registration Sec Division of Corp	01 H110HD	range	of	Add	ress		
SUBJI	ECT: Tan	npa Execu-	Hive Re		LLC		-	
		Name of Em	inica Elaomity Con	прану				
The en	nclosed Articles of A	mendment and fee(s) are sul	omitted for filing	;.				
Please	return all correspon	dence concerning this matter	to the following	;:				
		Khoda	yar Ar	sha	di			
		Khoda. Tampa Ex	Name of P	erson Ro	elt,	LLC	_	
			Firm/Com	ipany		· · ·		
		5703 Ains			•			
			Addres					
		Tan	mpa,	FL 3	33 64	7	_	
		E-mail address:	City/State and	215 Code 250 Code are annual re	amail.	Com		
For fur	ther information cor	ncerning this matter, please o				;	281 38 38	
_k	hodayar	Arshadi	at & 13	3 ₎ '	957 – Daytime Tele	676	SECRETA	77
	Name of I	Person	Area (Code	Daytime Tele	phone Numb	2u P	
Enclos	ed is a check for the	following amount:				Ì	85 t	O
7≊. \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Fill Certified (additional		sed)	Certifie	cate of Status & 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 Execut	ive Realty, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $01/09/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	5703 Ainsworth Ct.
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33647
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	LCC AS TO
	Enter Florida street address A A A A A A A A A A A A A A A A A A
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furthe agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Change of Address.			
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Page 3 of 3

Filing Fee: \$25.00