L15000040356

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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	·		COVER LETTER,	
TO:	Registration Section of Corp	tion. orations		THE SECTION STATES OF THE SECTION STATES OF THE SECTION SECTION STATES OF THE SECTION
SUBJI	ECT:	Tampa Aur Name of Lim	tohas, LLC lited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Ta Gas	Name of Person Marke of Person Firm/Company Solution Address Tanga, Fl 3 City/State and Zip Code Cauto haufe as to be used for future annual report not	Te Tampa 3402 mail com
For fur	ther information cor	ncerning this matter, please c	all:	
	Sarah	Woodhouse	at (813) 449	0807
	Name of I	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2 :	5.00 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

FILED 2015 MAR -9 PM 3: 55

SECRETARY OF STATE TALLAHASSET, FLORIDA

Tampa Auto	phas 110
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000</u> 40356.	y were filed on Morth 4, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial Tampa Autohal	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	905 N Florida Ave
(Principal office address MUST BE A STREET ADDRESS)	Tampa. FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Add
			
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Effective data if other than the data of filings	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated March Lett, 2015.	be more than 90 days after
	be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated	be more than 90 days after

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Filing Fee: \$25.00

