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2015 JUN 22 AHTI: 16

K. SALY EXAMINER JUN 2 4 2015

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Tampa Tex	Aposles LLC	
	Name of Limited I.	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitte	ed for filing.	
Please return all correspo	ndence concerning this matter to the	e following:	
	Hinte	on Rago	
	Tampa	Texbooks LLU Firm/Company	· · - · · · · · · · · · · · · · · · · ·
		Address	1
	Tampa;	FL 33629	· · · · · · · · · · · · · · · · · · ·
	rasohin @	FL 33626 ty/State and Zip Code ber kely prep.org	
For further information co	email address: (to be oncerning this matter, please call:	used for future annual report notifi	cation)
Hinton	Lazo	_at(813)690-	∞ 63
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF OF OF	RGANIZATION	FILED
Tame (Name of the Limit The Articles of Organization for this Limited L Florida document number L15000	cd Liability Company (A Florida Limited Lia	as it now appears on our rec bility Company)	ords.) PALLAHASSEE, FIRME
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	the limited liabili		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)	·	
	of the Arman	······································	
Enter new mailing address, if applicable:		, and	
(Mailing address MAY BE A POST OFFICE	BOX)	···	
	in the second	<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our reco	rds, enter the name of the new
Name of New Registered Agent:	Hinton Rago	······································	
New Registered Office Address:	2512 South Dunde	ee Street Enter Florida street add	iress
	Tampa		Florida 33629
	- moreless	City	Zin 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

Wamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	lanager Authorized Member	d Member		
<u>Title</u>	<u>Name</u>	Address	2015 JUN 22 AM 11: 1 CALL AHASSEE STATE	6 Type of Action
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	nore than 90 ng requirem	(optio days after t ents, this	nal) filing.) Purs date will i	suant to 605.02 not be listed a
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	time, at I	12:01 a.	.m. on t	he earlier
ed June 17 2015.				
				···-
Signature of a member or authorized representative	of a membe	er		_

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Filing Fee: \$25.00