

L15000 133226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SOUTH DAVENPORT STATE
FALL RIVER, FLORIDA

FEB 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: Tampa Bay Luxury
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua K Copeland
Name of Person

Tampa Bay Luxury LLC
Firm/Company

1115 E Twigg Street Unit 2221
Address

Tampa Florida 33602
City/State and Zip Code

KaptainTBL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Copeland at (814) 304-9740
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-4-15 and assigned
Florida document number L15000133226

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tampa Bay Luxury LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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20 JAN 28 AM 9:05
CLERK OF THE COURT
JANUARY 28, 2015
TAMPA, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joshua Copeland

New Registered Office Address:

1701 South 50th Street

Enter Florida street address

Tampa

City

Florida

33619

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.

Joshua Copeland

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

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Title	Name	Address	Type of Action
MGR	Moad Abbadi	4211 West Ohio Ave	<input type="checkbox"/> Add
		Tampa Florida 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua Capelard	1115 Twigg St unit 22A	<input checked="" type="checkbox"/> Add
		Tampa Florida 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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20 JAN 28 AM 9:05
JAN 28 1968
FBI - TAMPA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee