

From: Jeff Lieser
11/30/2016

Fax: (813) 251-8715

To: [Redacted] Fax: (850) 817-8100
Division of Corporations

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UP00015627
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: blackwidowapa@gmail.com

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAMPA BAY APA, LLC**

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January 4, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAMPA BAY APA, LLC
23110 STATE ROAD 54
#313
LUTB, FL 33549US

SUBJECT: TAMPA BAY APA, LLC
REF: L15000145627

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

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Dionne M Scott
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000293575
Letter Number: 817A00000083

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H160002935753

From: Jeff Lieser

Fax: (813) 251-8716

To:

Fax: (850) 617-6383

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H160002935753

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA BAY APA, LLC

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:

MISTY DUSEL

Name of Person

Firm/Company

4704 PAULINE COURT

Address

SUMMERFIELD, NC 27358

City/State and Zip Code

blackwidnwapa@gmail.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

MISTY DUSEL

716 545 5729

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$40.00 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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

H160002935753

From: Jeff Lieser

Fax: (813) 261-8716

To: H160002935753

Fax: (850) 817-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA BAY APA, LLC

(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 08/25/2015 and assigned Florida document number L15000145627

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

12157 W. LINEBAUGH AVE

(Principal office address MUST BE A STREET ADDRESS)

S

TAMPA, FL 33626

Enter new mailing address, if applicable:

12157 W. LINEBAUGH AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 185

TAMPA, FL 33626

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:

JEANETTE LEE

New Registered Office Address:

12157 W. LINEBAUGH AVE., SUITE 185

Enter Florida street address

TAMPA

City

Florida 33626

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.

Jeanette Lee

If Changing Registered Agent, Signature of New Registered Agent

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H160002935753

If unlisting 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	Name	Address	Type of Action
MGR	MISTY DUSEL	4408 TARKINGTON DRIVE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON DUSEL	4408 TARKINGTON DRIVE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MISTY DUSEL	4408 TARKINGTON DRIVE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JASON DUSEL	4408 TARKINGTON DRIVE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 065.020, note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The date specified in the record, or
(b) The 90th day after the record is filed.

Dated November 30 2016

Misty Dusek

Signature of a member or authorized representative of a member

Misty Dusek

Typed or printed name of signer

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Filing Fee: \$25.00

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