<u>U15000180510</u>

(Re	equestor's Name)	
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SCOLETERY OF THE STALL ANALYSIS FOR THE STALL

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COVER LETTER

TAMPA BAY FAMILY INVESTMENT LLC SUBJECT: 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: **DONNA ROBBINS** Name of Person **BUSINESS SERVICE SYSTEMS PA** Firm/Company 6600 4TH STREET N, STE. 101 Address ST PETERSBURG, FL 33702 City/State and Zip Code jimwebercpa@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Robbins Daytime Telephone Number Name of Person T Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 BAY FAMILY INV	ESTMENT LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L15000180510		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
·-·		
		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records,	
tgistered agent and/or the new registered office address here.	••	85 2 F
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	97 - 3
•	•	y
	Flori	ida

New Registered Agent's Signature, if changing Registered Agent:

Inhereby 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	Name	Address	Type of Action
AMBR	ZHENG, XIU X	3946 4TH STREET N	□ Add
		ST PETERSBURG FL 33703	■ Remove
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record specifies a delayed e The 90th day after the recor	effective date, but not an effecti d is filed.	ive time, at 12:01	a.m. on the earlier
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Si	gnature of a member or authorized represen	tative of a member	

Page 3 of 3

Filing Fee: \$25.00