# 15000189355

(Re	questor's Name)			
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APROTINE J. HAPRIS

### **COVER LETTER**

	gistration Section vision of Corpor		4		
CUDICAT.		E HOMES OF TAMPA BA	Y, LLC		
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of Am	nendment and fee(s) are subr	nitted for filing.		
Please return	n all corresponde	ence concerning this matter t	to the following:		
		Judy Karniewicz			
			Name of Person		<del></del>
		The Karniewicz Law Group	р		
			Firm/Company		<del></del>
		1406 W Fletcher Ave.			
		-	Address		
		Tampa, FL 33612			
			City/State and Zip Code		
		julie@tklg.net			
		E-mail address: (t	o be used for future annual re	port notification)	
For further	information cond	cerning this matter, please ca	dl:		
Julie Richie	:		813 962- at ()	0747	
	Name of Pe	erson	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the t	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	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

AFFORDABLE HOMES OF TAMPA BAY, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L15000189355	on 11/03/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	'ti⊬can —
Enter new principal offices address, if applicable:	6 A 34
(Principal office address MUST BE A STREET ADDRESS)	
	설립 등
Enter new mailing address, if applicable:	် (၂၈၈) သ (၂၈၈) သ
(Mailing address MAY BE A POST OFFICE BOX)	⊙m .
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the
registered agent and/or the new registered office address here:	on on the records, enter the name or the
Name of New Registered Agent:	
New Registered Office Address:	
	eter 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 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>	<u>Name</u>	Address	Type of Action
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		Clearwater, FL 33755	Remove
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effecti e: If	date, if other than the date of five date is listed, the date must be specifithe date inserted in this block does it's effective date on the Department	ic and cannot be prior to date of for the cannot meet the applicable statut		s after filing.) Pursu	
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ecor ne 90	Oth day after the record is fil		ective time, at 12:	01 a.m. on th	ne earlier
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ecor ne 90	MARCH 31, 20/6	led.			ne earlier
recor	MARCH 31, 20/6		esentative of a member		ne earlier

Filing Fee: \$25.00