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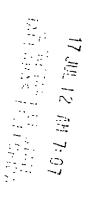
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COVER LETTER

	ation Secti n of Corpo			
		Tampa REIT, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Ar	ticles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all	correspond	ence concerning this matter t	o the following:	
		Kai Deng		
			Name of Person	
		Silicon Valley Tampa REFI	T, LLC	
			Firm/Company	
		301 W Platt Street #358		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		bj_banker@hotmail.com	o be used for future annual report not	ficulton
For further infor	rmation con	cerning this matter, please ca		TCall(41)
Kai Deng			858 888-2576	
	Name of P	erson	at () Area Code Daytun	e Telephone Number
Enclosed is a ch	ieck for the	following amount:		
■ \$25.00 Filir	ng 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Lia Florida document number $\frac{1.16000064767}{1.16000064767}$	ability Company were filed on April 1, 2016	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>ON)</i>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, <u>en</u> <u>ice address here</u> :	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	\$5 F.
	, Florida	P. Rip Code
New Registered Agent's Signature, if changing Re	evistered Avent	E

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
MGR	Leigh Wyndham	12034 86TH AVE NORTH	<u></u> \ Add
		SEMINOLE, FL 33772	Remove
			☐ Change
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effective date is listed, e: If the date inserte	than the date of fit the date must be specific d in this block does not be on the Department of	and cannot be prior to of meet the applicat	o date of filing or more ole statutory filing re	(option than 90 days after fil equirements, this d	line) Pursuar	nt to 605 be list
ecord specifies a ne 90th day afte	a delayed effectiver the record is file	e date, but not ed.	an effective tim	e, at 12:01 a.ı	m, on the	earli
:d	July 10	201	7 \			
	D/s	2 0 2	ized representative of			
			Land Same antainer of	11 1134213313121		

Page 3 of 3

Filing Fee: \$25.00