L16000090954

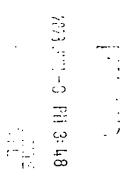
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

TO: Registration So Division of Cor			
Tampa 2, L	.LC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Garcia		
		Name of Person	
	Tampa 2, LLC		
		Firm/Company	
	3602 W Euclid Ave		
		Address	
	Tampa, Fl 33629		
	anthony@aglawinc.com	City/State and Zip Code	
	- - -	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Anthony Garcia		813 259.9555 at ()	Tolonhous Number
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee.	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa 2, LLC		
(Name of the Limited Liability Co (A Florida Limited)	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 5/11/2016	and assigned
Florida document number L16000090954		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company bere:	
he new name must be distinguishable and contain the words "Limited L	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	0	
		1 1
	-	14
Enter new mailing address, if applicable:		1_
Mailing address MAY BE A POST OFFICE BOX)		
		- س
		(3)
3. If amending the registered agent and/or registered offi	ice address on our records, enter th	a name of the new regist
gent and/or the new registered office address here:	ece addi ess on our records, <u>enter in</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	da
	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
MGR	DeShay Maria Garcia	3602 W Euclid Ave, Tampa, Fl 33629	■Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
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ffective date	, if other the	in the date of	5/26/2023		(optio	nal	
an effective dat	e is listed, the d	ate must be specif	ic and cannot be prior	to date of filing or mable statutory filin	ore than 90 days after the grequirements, this	filing) Pursuant to 60	5.0207 ted as
ocument's eff	ective date on	the Departmen	t of State's records.	,	B 104 an ememo, 1113	date will not be its	icu as
record specifi is filed.	es a delayed e	ffective date, bu	t not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	er the
ated	May	26	_, 2023			. 100	
	,	< A	1/1/04	7. 11.11.		, , , , , , , , , , , , , , , , , , ,	,
		Signature	of a member or autho	rized representative	of a member		
		1	\ \				
Antl	hony Garcia		\ \			=======================================	

Filing Fee: \$25.00