116000116578

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORN	1E
	NOA 1.5	2021
		

Office Use Only



200375886522

11/02/21--01030--022 **25.00

2021 NOV -2 PM 8: 47

COVER LETTER

SUBJECT:	TAMPA TI	TLE INVESTMENTS, LLC		4,			
SUBJECT:		Name of Limi	ited Liability Company	··· • · · · · · · · · · · · · · · · · ·	_		
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Gabriella C. Perez					
			Name of Person				
		Real Estate Legal Solutions	s, PLLC				
			Firm/Company				
	14608 N. DALE MABRY HWY						
			Address				
		TAMPA, FL 33618					
			City/State and Zip Code				
		gabriellacperez@gmail.com			_		
		E-mail address: (t	o be used for future annual rep	ort notification)			
For further in	iformation co	oncerning this matter, please ca	ll:				
Gabriella C.	Регеz		813 961 8°	715			
	Name of	Person	at () Area Code	Daytime Telephone Numl	Der		
Encloyed is a	check for th	e following amount:					
₩ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2021 NOV -2 PM 8

TAMPA TITLE INVESTMENTS, LLC

_SECRETARY OF ST. _ALLAHASSET.FFA

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

New Registered Office Address:

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.

14608 N. DALE MABRY HWY

City

Tampa

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33618
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>	<u>Name</u>	Address	Type of Action
AMBR	Gabriella C. Perez	14608 N. DALE MABRY HWY	⊠Add
		TAMPA, FL 33618	□Remove
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
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			Change
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Note: If the da	ate inserted in	an the date of late must be speci this block does the Departmer	not meet the	: applicable s	e of filing or me tatutory filing	ore than 90 days g requirements	optional) after filing.) Pur , this date will	suant to 605.0207 (not be listed as t
e record specified is filed.	es a delayed e	effective date, b	ut not an effe	ective time, a	t 12:01 a.m. c	on the earlier o	f: (b) The 901	h day after the
October Dated	26		2021					
	\	los	· fit	lon				
		Cr.						
		Jignatur	e of a member	or autnorized	representative	of a member		

Filing Fee: \$25.00