16000148901

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration So Division of Co			· · · · · · · · · · · · · · · · · · ·
	tor Express, LLC		6
JECT:	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	10 CEC 3 MAR OF TOTAL
	Joe Lee Robinson		
		Name of Person	
	29th St Gator Express, LL	C	
		Firm/Company	
	3215 N. 29th Street		
		Address	
	Tampa, FL 33605		
		City/State and Zip Code	
	29thStGatorExpress@gmai		
	E-mail address: (to be used for future annual report notifica	tion)
further information of	concerning this matter, please co	all:	
Lee Robinson		813 952-3910 at ()	
Name o	of Person	Area Code Daytime To	elephone Number
osed is a check for t	he following amount:		
\$25.00 Filing 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 Addre Registration Division of O	Section	Street Address: Registration Section Division of Corpo	
P.O. Box 632	•	The Centre of Tal	lahassee
Tallahaccee	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29th St Gator Express, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on August 09, 2016 da document number L16000148901 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST <u>OFFICE BOX)</u> If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Joe Lee Robinson Name of New Registered Agent:

Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 19 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 19 any has been notified in writing of this change.

City

3215 N. 29th Street

Tampa

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 33605

Page 1 of 3

emoved from our records:

R = Manager BR = Authorized Member

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
R	Joe Lee Robinson	3215 N. 29th Street	= Add
		Tampa, FL 33605	□Remove
			□Change
R S. Lamar Robinson	S. Lamar Robinson	3215 N. 29th Street	
		Tampa, FL 33605	Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
			□ Remove

Page 2 of 3

	
	
	
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ve date, if other than	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
If the date inserted in th	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ord specifies a dela 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
November 26.	2019
	<u> </u>
Gre d.	Colombo
1	Signature of a member or authorized representative of a member
<i>i i</i>	

Typed or printed name of signee

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Filing Fee: \$25.00