Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214~8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA BAY KEY REALTY LLC

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S. PRATHER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TAMPA BAY KEY REALTY LLC

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

The Articles of Organization for this Limited Liabilit	y Company were filed on 04/25/20	17 and assigned
Florida document number L17000091481	·	
This amendment is submitted to amend the following	7.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registi	ered office address on our records. (	enter the name of the new register
agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strect	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered age	ent and agree to act in this capacity	. I further agree to comply with t

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 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>	Name	Address	Type of Action
MGR	CORINA L SILVA	12000 N DALE MABRY HWY, SUITE 226	DAdd
		LUTZ, FL 33558 FL	<b>∑</b> Remove
			□Change
MGR_	MARGARETE WELTER	12000 N DALE MABRY HWY #226	🗆 Add
		TAMPA, FL 33618	<b>∑</b> Remove
			□Change
			🗆 Add
			□ Remove
			Change
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			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior to date of fi lock does not meet the applicable statut	(option iling or more than 90 days after fit tory filing requirements, this d	ling.) Pursuant to 605.020
	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	
rd is filed.			2021 7ALL/
Dated November 23rd	2021		2021 NOV 23 SECRETARY SELAHASSE
$\int \int $			SSEE
			(n/c) <b>2</b>
	Signature of a member or authorized repre	esentative of a member	7.7
Jenisa trizarry	Signature of a member or authorized repre	esentative of a member	