

L17000104341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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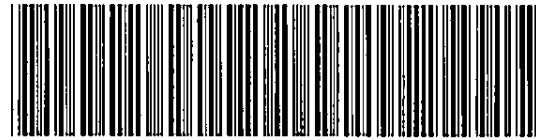
(Business Entity Name)

(Document Number)

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17 OCT 16 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 OCT 16 AM 8:12

TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tampa Partners, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Dyer

\_\_\_\_\_  
Name of Person

Ocean Management Group IV, LLC

\_\_\_\_\_  
Firm/Company

2500 N. Federal Highway, Ste. 202

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33305

\_\_\_\_\_  
City/State and Zip Code

Brian@traintalis.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Dyer

561 373-3601

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

Tampa Partners, LLC

The Articles of Organization for this Limited Liability Company were filed on 5/10/2017 and assigned Florida document number L17000104341.

**A. If amending name, enter the new name of the limited liability company here:**

Ocean Management Group IV, LLC

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 ADDRESS)**

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

## Florida

Civ

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Dane-Ringel	2500 N. Federal Highway, Ste. 202	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Dyer	2500 N. Federal Highway, Ste. 202	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ocean Management Group III, LLC	2500 N. Federal Highway, Ste. 202	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Assisted Living Lifestyles, LLC	2500 N. Federal Highway, Ste. 202	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Concierge Care Plus, LLC	2500 N. Federal Highway, Ste. 202	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: October 16, 2017 (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 16, 2017

Signature of a member or authorized representative of a member

Susan Dyer

Typed or printed name of signee