L17000/33303

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17 JUN 26 AH 8: 47 DIVISION OF CORF-GRATIONS

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tampa's Best Realty, LLi 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:
Amanda Jo Canaan Nume of Person
Tampa's Best Realty, LLC Firm/Company
25344 Wisley Chapel Blud
Lutz, FL 33559 City/State and Zip Code
+ampusbest realty & amail . com E-mail address: (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Amanda Jo Canaan at (813) 446-1571 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filin

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ lampa's !		ealty, LU	rds)	
t.Name of the <u>Edmitet</u> (:	A Florida Limited Liab	s it now appears on our recordity Company)	(us.)	
The Articles of Organization for this Limited Lia	bility Company we	re filed on <u>611912</u>	old and assigned	
Florida document number <u>L\7000133</u>				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the world in the manufacture of the new name must be distinguishable and contain the world in the manufacture of the new name of t	the limited liability	company here:	Division T	
The new name must be distinguishable and contain the wor	rds "Limited Liability (Company," the designation "LL	C" or the abbreviation J.L.C.	- \
Enter new principal offices address, if applica	ble: _			į
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE B	<u>- (OX)</u>			-
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our record	ds, enter the name of the	- <u>nev</u>
Name of New Registered Agent:	Amenda	Je Canaa	- N	_
New Registered Office Address:	25344	Mes ling Chap Enter Florida street addre		_
	<u>Lutz</u>	, F	Florida 33557 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 Type of Action **Address** Title Name Amanda Jo Canaan 25344 Westey Chapel Blue Add ☐ Change)

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an effec ote: I	ctive date is listed, the f the date inserted in nt's effective date o	date must be speci 1 this block does	ific and cannot b s not meet the	e prior to date of fi applicable statut	ling or more than	90 days after fil	ing.) Pursuant to 60	
e reco	ord specifies a d 90th day after ti	elayed effect ne record is f	tive date, b	ut not an effe	ctive time, a	t 12:01 a.r	n. on the earl	lier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00