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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tampa Boname o	ay Real Estate Associates, L
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Jaso	Name of Person
lampa Re	y Ral Esta Associatos, LCC
500 SE	Mizner Blud A507
Jason E-mail add	City/State and Zip Code City/State and Zip Co
For further information concerning this matter, ple	ase call:
Ja Son aplar Name of Person	at (863) 409-8909 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee & Certificate of State	
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 8 Hg 57
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

am pa Bay Rod E (Name of the Limited Bability Compa (A Florida Limited L	State Associates (LCC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700622</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ier IIC
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	500 SE Mizner Blud. A 507 Boca Raton FL 33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 SE Mizner Blud. A 507 Borg Raton FL 33432
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 500	SON Eaplan SE Mizner Blud A 507 Enter Florida street address
Boca	Ration . Florida 33432

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.

City

If Changing Registered Agent, Signature of New Re

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
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			Change
			□Remove
			□Change
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