

L17000231971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

(11-16-17)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY TOUR COMPANY, 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:

GREGORY P. MILTON

Name of Person

TAMPA BAY TOUR COMPANY, LLC

Firm/Company

10820 CEDAR STREET

Address

RIVERVIEW, FL 33569

City/State and Zip Code

tampabaytourco@gmail.com

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

For further information concerning this matter, please call:

GREGORY P. MILTON

727 366-2279
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>
MGR	JOSEPH A. HOWDEN	1709 E. 5TH AVE	<input type="checkbox"/> Add
		TAMPA, FL 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NEW PARTNERSHIP STRUCTURE IS AS FOLLOWS:

GREGORY P. MILTON- MANAGER, REGISTERED AGENT- 75%

ROBERT B. CARTER- MANAGER- 25%

ALL EMAIL COMMUNICATIONS SHOULD BE SENT TO : tampabaytourco@gmail.com

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TAMPAH COUNTY, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

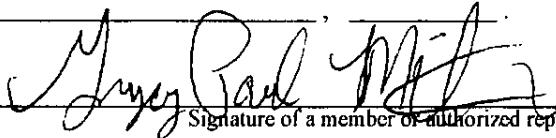
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 _____

 3/2/18

Signature of a member or authorized representative of a member

GREGORY PAUL MILTON

Typed or printed name of signee