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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		Y TOUR COMPANY, LLC		
SUINEC		Name of Limi	ited Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Płease ret	um all correspon	dence concerning this matter	to the following:	
		GREGORY P. MILTON		
			Name of Person	
		TAMPA BAY TOUR COM	MPANY, LLC	
			Firm/Company	
		10820 CEDAR STREET		
			Address	
		RIVERVIEW, FL 33569		
			City/State and Zip Code	
		tampabaytourco@gmail.cor		
		E-mail address: (t	to be used for future annual report noti	fication)
For furthe	er information cor	ncerning this matter, please ca	ป!:	
GREGO	RY P. MILTON		727 366-2279 at ()	
	Name of 1	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA BAY TOUR COMPANY, LLC

(Name of the Limited Liability Compa (A Fiorida Limited I	ny as it now appears on our records. Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/09/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10820 CEDAR STREET	
Principal office address MUST BE A STREET ADDRESS)	RIVERVIEW, FL 33569	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	10820 CEDAR STREET RIVERVIEW, FL 33569	- 12 B
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	enter the name of the
Name of New Registered Agent:		ERREA TO 17
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	7in 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

<u>Name</u>	<u>Address</u>	Type of Action
JOSEPH A. HOWDEN	1709 E. 5TH AVE	Add
	TAMPA, FL 33605	■ Remove
	· · · · · · · · · · · · · · · · · · ·	□ Add
		□ Remove
		Change
		CREAT OF Add CA
		E Remove
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		□ Add
		□ Remove
		Change
<u> </u>		□ Add
	<u></u>	□ Remove
	<u> </u>	□ Change
		Add
		Remove
		JOSEPH A. HOWDEN 1709 E. 5TH AVE

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: tampab	aytourco@gmail.com
	FIRST B
	
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutory is ment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
d,	1 1

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Typed or printed name of signee

Filing Fee: \$25.00