

L18000076425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

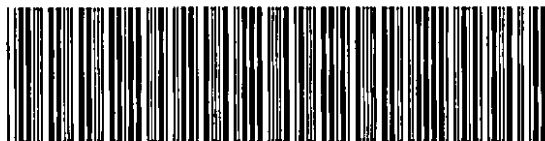
(Business Entity Name)

(Document Number)

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18 JUL -2 PM 2:58  
DIVISION OF CORPORATIONS  
STATE OF CONNECTICUT

N COOPER  
JUL 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4218 E. 7<sup>th</sup> Ave, 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:

Pamela Meeks  
Name of Person

Firm/Company

3420 W. North A St.  
Address

Tampa FL 33609  
City/State and Zip Code

pammeeks@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Meeks at (813) 335-3626  
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

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

4218 E 7TH Ave, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/26/2018 and assigned Florida document number L18000076425.

This amendment is submitted to amend the following:

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

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)

<u>4218 E 7th Avenue</u>	<u>10</u>	STREET ADDRESS
<u>Tampa FL 33606</u>	<u>JUL -2</u>	
<u>P.O. BOX 596</u>	<u>PH 2:58</u>	MAILING ADDRESS
<u>DOVER, FL 33527</u>		

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:

Evaristo Luna

New Registered Office Address:

4218 E 7th Ave

Enter Florida street address

Tampa

City

Florida

33606

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.

Evaristo Luna

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>
MGR	Bavota, Richard	15656 Hawks Crest Loop	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	Luna, Evaristo	4218 E 7 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

STATE OF TEXAS  
DIVISION OF CRIMINAL JUSTICE  
18 JUL -2 PM 2:58

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**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.

Dated 6-1, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee