

L18 000187208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

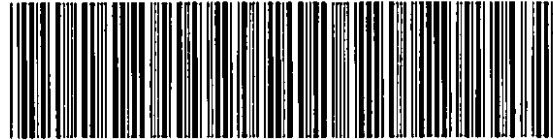
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH TAMPA MUSIC SCHOOL 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:

Helen GRACE POSSAS
Name of Person

SOUTH TAMPA MUSIC SCHOOL LLC
Firm/Company

5103 W. CLEVELAND ST
Address

TAMPA FL 33609
City/State and Zip Code

helen.pianolessons@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen POSSAS at (813) 928-4158
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SOUTH TAMPA MUSIC SCHOOL 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 AUGUST 6, 2018 and assigned Florida document number L18000187208.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Helen E. Pessas

New Registered Office Address:

5103 W. Cleveland St

Enter Florida street address

TAMPA

City

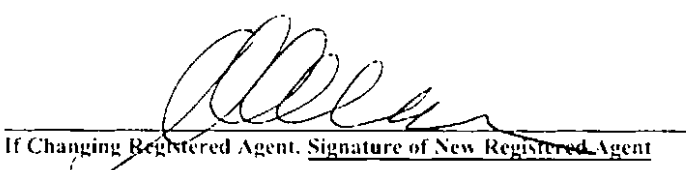
Florida

33609

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
MGR/	Helen Possas	^{HP} 51 03 W. Cleveland St	<input checked="" type="checkbox"/> Add	
President		TAMPA FL 33609	<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	Changed
MGR/	Helen Foessel	5103 W. Cleveland St	<input type="checkbox"/> Add	Last
President		TAMPA FL 33609	<input checked="" type="checkbox"/> Remove	Name
			<input type="checkbox"/> Change	and
			<input type="checkbox"/> Add	Middle
			<input type="checkbox"/> Remove	Name
			<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	

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

ATTACHED PLEASE FIND

- COPY OF DL

- COPY OF SS #

- COPY OF LEGAL COURT DOCUMENT

INDICATING

LEGAL LAST NAME + LEGAL MIDDLE

NAME CHANGE

FOR MANAGER / PRESIDENT

OF LLC

E. Effective date, if other than the date of filing: 9/11/2020 (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)

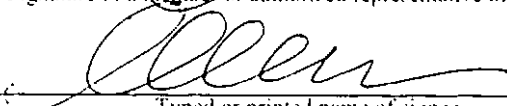
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

September 11, 2020


Signature of a member or authorized representative of a member


Typed or printed name of signee

Helen G. Bossas