18000246705

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

	e Realty, L.L.C.		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Anthony Joseph DiPaolo		
	Tampa Prime Realty, L.L.C	Name of Person	
	1203 East Hillsborough Av	Firm/Company 'e.	
	Tampa, FL 33604	Address	
	Tampapawn4423(<u>a.g.mail.co</u>		
For further information co	h-mail address: (i neerning this matter, please ca	o be used for future annual report notifi all:	cation)
Anthony Joseph DiPaolo		813 481-9800 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filling 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:

TO:

Registration Section Division of Corporations

> 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 Prime Realty, L.L.C.

(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	y Company were t	iled on October 19th	, 2018 and assigned
Florida document number L18000246705	·		
This amendment is submitted to amend the following	: :		
A. If amending name, enter the new name of the I	limited liability co	mpany here:	
The new name must be distinguishable and contain the words "I	Limited Liability Con	pany," the designation	"LLC" or the abbreviation "L.L.C."
$ Enter\ new\ principal\ of fices\ address,\ if\ applicable:$			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or re	gistered office a	ddress on our rec	ords enter the name of the new
registered agent and/or the new registered office a	ddress here:		oran ener me mane or the new
Name of New Registered Agent:	····	·	
New Registered Office Address:			
		Enter Florida street a	ldress
		·····	, Florida
N. B. C. Landau, and the state of the state	Cia	r.	Zip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete perfor Lagent as provide ered office addre	mance of my dutie. ed for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
AR	Katherin Elizabeth DiPaolo	14923 W. Hardy Dr. Tampa, FL 33613	
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	be specific and cannot be prior to date of filing or more to tak does not meet the applicable statutory filing re	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earlier of
October 29th	2018	
	Juthon Di Pach	
	Authory DiPach ignature of a plember or authorized representative of a	ı member

Page 3 of 3

Filing Fee: \$25.00