

L19 0000006178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

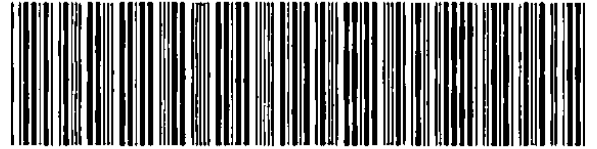
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330349038

06/07/19--01:14--0.00 **25.00

2019 JUL 1 AM 9:43

Amend

JUL 02 2019

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stadium Seekers 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:

Adam H. Itzkowitz

Name of Person

Itzkowitz Law, PLLC

Firm/Company

19029 N. Dale Mabry Hwy

Address

Lutz, FL 33548

City/State and Zip Code

adam@itzlawfirm.com

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

For further information concerning this matter, please call:

Adam H. Itzkowitz, Esq.

631 457-2648

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2019

ADAM H. ITZKOWITZ, ESQ.
ITZKOWITZ LAW, PLLC
19029 N. DALE MABRY HWY
LUTZ, FL 33548

SUBJECT: STADIUM SEEKERS LLC
Ref. Number: L19000006178

We have received your document for STADIUM SEEKERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify whether or not you're changing the name of the company and an authorized member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00012669

2019 JUL -1 PM 1:15
FILED
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

Stadium Seekers LLC

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

2019 FEB 11

The Articles of Organization for this Limited Liability Company were filed on 01/03/2019 and assigned
Florida document number L19000006178.

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)

3715 E. 7th Ave

Tampa, FL 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3715 E. 7th Ave

Tampa, FL 33605

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Itzkowitz Law, PLLC

New Registered Office Address:

19029 N. Dale Mabry Hwy

Enter Florida street address

Lutz

City

Florida 33548

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	Clarence J Butt	3715 E. 7th Ave	<input type="checkbox"/> Add
		Tampa, FL 33605	<input type="checkbox"/> Remo
			<input checked="" type="checkbox"/> Chang
AMBR	Lisa R Butt	3715 E. 7th Ave	<input type="checkbox"/> Add
		Tampa, FL 33605	<input type="checkbox"/> Remov
			<input checked="" 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

Lined area for text entry.

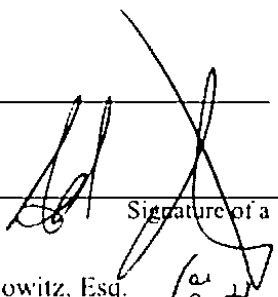
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 earliest of the following:
(b) The 90th day after the record is filed.

Dated June 28, 2019.



Signature of a member or authorized representative of a member
Adam H. Itzkowitz, Esq. (as authorized rep of members) Att'y-in-Fact

Typed or printed name of signee