L190000 87142

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Address) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|---|---|---|---------------------|-------------------|--|
| | AMPA RESIDENTIAL LLC | • | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Sabrina Marrero | | | | |
| | | Name of Person | | | |
| | South Tampa Residential | LLC | | | |
| | | Firm/Company | | | |
| | 1506 Wakefield Dr | | | | |
| | | Address | | | |
| | Brandon, FL 33511 | | | | |
| | SabrinaMarrero@lombardc | City/State and Zip Code Steam.com | | 202 3 E | |
| | | to be used for future annual report no | titication) | OSE OSE | |
| For further information c | oncerning this matter, please c | all: | | | |
| Sabrina Marrero | | 404 803-3826 | | DESTALLATION IN S | |
| Name o | f Person | at () Area Code Daytii | me Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | · | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |
| Mailing Addres Registration 5 | | <u>Street Address:</u> Registration Se | ection | | |
| Division of Corporations P.O. Box 6327 | | Division of Co | rporations | | |
| Tallahassee, F1, 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SOUTH TAMPA RESIDENTIAL | | | ·——— |
|---|---|--|---------------------------|
| (<u>Name of the Lim</u> | ited Liability Compa (A Florida Limited) | nny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I Florida document number <u>L19000087142</u> | | were filed on 03/29/2019 | and assigned |
| This amendment is submitted to amend the fol | | | |
| A. If amending name, enter the new name s | of the limited liab | ollity company here: | |
| Sabrina Marrero LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 1506 Wakefield Dr | |
| (Principal office address MUST BE A STREET ADDRESS) | | Brandon, FL 33511 | |
| | | 1506 Wakefield Dr | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BON) | Brandon, FL 33511 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our records, <u>enter the</u> | name of the new Begistere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 1506 Wakefield | 1 Dt Enter Florida street address | |
| | Brandon | , Florida | 33511 Pa 2 |
| | | City | 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 |

| | Authorized Melinici | | |
|--------------|---------------------|----------------|---------------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ective | date, if other than the date of filing: | 1207 (|
| <u>te:</u> lf: | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed | d as th |
| ument | 's effective date on the Department of State's records. | |
| | | |
| cord s s filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | ine |
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| ed | 08/28. 7020. | |
| _ | | |
| | Signature of a member or authorized representative of a member | |
| | Signature of a member or authorized representative of a member | |
| | | |

Filing Fee: \$25.00