L19000087947

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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THE MASSES HOWAR

JUL 15 2019 M. SOLOMON



June 25, 2019

MICHAEL NUNNERY 111 N. 12TH ST SUITE 1325 TAMPA, FL 33602

SUBJECT: LIR TAMPA LLC Ref. Number: L19000087947

We have received your document for LIR TAMPA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00012794

RECEIVED
JUL 1 5 7019

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: LIR TAMI	A LLC.		
	Name of Lu	mited Liability Company	
	Amendment and fee(s) are sul	C	
The second secon	MICHAEL NUNNERY	to the ronowing.	
	LIR TAMPA LLC	Name of Person	
	111 N. 12TH ST. SUITE	Firm/Company	
	TAMPA, FL 33602	Address	
		City/State and Zip Code ALESTATE@GMAIL.COM	
For further information co	h-mail address (oncerning this matter, please c	to be used for future annual report no all:	Outlication)
MICHAEL NUNNERY		305 439 1585 at ()	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e 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)
	NG ADDRESS:	STREET/COUR	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L19000087947	iability Company	y were filed on 03/28/2019	and a	ssignec
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lial	bility company here:		
The new name must be distinguishable and contain the w	ords "Linnted Liab	ility Company," the designation	"LLC" or the abbreviation "	
Enter new principal offices address, if applic	able:	2109 E. PALM AVE. SU	ЛГГН 202	
(Principal office address MUST BE A STREE	T ADDRESS)	TAMPA, FL 33605	- 15 g	2019 JUL
			29 3	
Enter new mailing address, if applicable:			(1) (2) (4) (4)	TK TY
(Mailing address MAY BE A POST OFFICE)	BOX)		137	<u>. 0</u>
B. If amending the registered agent and/registered agent and/or the new registered of	or registered o fice address her MICHAEL NU	<u>·e</u> :	cords, <u>enter the name</u>	of the
Name of New Registered Agent:	WI CHANGE IVE	ASSISTA		<u> </u>
New Registered Office Address:	111. N 12TH S	T. SUPPE 1325		
		Enter Florida street (address	
	TAMPA		Florida <u>33602</u>	
		Cuy	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

LIR TAMPA LLC,

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 Engling Registered Agent, Signature of New Registered Agent

Page 1 of 3

or removed from our records:		

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u> GEORGE CANCIOBELLO	Address	Type of Act
AMBR			
			□ Remove
		111 N 12TH ST SUITE 1325 TAMPA FL 33602	
AMBR	MICHAEL NUNNERY		■ Change
			□ Remove
		411 N 12TH ST, SUIT 1325 TAMPA FL 33602	
			Add
			□ Remove
			☐ Change
			DAdd JUL
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	nents, this date will not be listed
Dated 7/10/19	
Signature of a member of authorized representative of a memb	

Page 3 of 3

Filing Fee: \$25.00