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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	f Status
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Special Instructions to	Filing Officer:	
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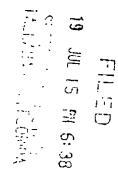
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COVER LETTER

	Registration Division of	n Section Corporations				
et:b1ez		KSVILLE OFFROAD TAMPA I	.LC			
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles	s of Amendment and fee(s) are st	ibmitted for filing.			
Please re	turn all corre	espondence concerning this matte	er to the following:			
		Lance Udell				
			Name of Person	<u> </u>		
			Firm/Company			
		4000 MAJESTIC OAK I	LANE			
		BROOKSVILLE, FLOR	Address IDA 34602			
		lanceudell@gmail.com	City/State and Zip Code			
		E-mail address:	(to be used for future annual report not	fication)		
For furth	er informatio	on concerning this matter, please	call:			
Gabriella Perez- DeWitt Law Firm P.A.		Vitt Law Firm P.A.	813 251-2701 at ()			
	Nan	ne of Person	Area Code Daytin	e Telephone Number		
Enclosed	l is a check fo	or the following amount:				
\$25.0	00 Filing Fee	e \$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 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKSVILLE OFFROAD TAMPA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000134054	were filed on 05/17/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the decimation "LLC" or	the abbreviotion "LTT"
Enter new principal offices address, if applicable:	H6 W. Hillsborough Ave	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33604	
Enter new mailing address, if applicable:	116 W. Hillsborough Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33604	> 86
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	-	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ₋

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Add
			☐ Remove
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H the date inserted i	e date must be specific and in this block does not m on the Department of Si	neet the applicable s	e of filing or more than tatutory filing require	00 days after tiling.) Pursu	ant to 605 of be liste
cord specifies a c 90th day after t	delayed effective dather the record is filed.	ate, but not an	effective time, a	t 12:01 a.m. on th	ie earlie
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Page 3 of 3

Filing Fee: \$25.00