L19 000155939

(Requestor's Name	*)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	·r)
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TO:	Registration Se Division of Cor		. :	
et:0 11	TAMPA BA	AY FESTIVAL KINGS LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	<u>. </u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MICHAEL BLAISE POT	rs	
		TAMPA BAY FESTIVAL	Name of Person . KINGS LLC	
			Firm/Company	
		400 N TAMPA ST FLOOI	R 15	
			Address	
		TAMPA, FL 33602		
The enci Please re For furth MICHA		info@tampabayfestivalking	City/State and Zip Code s.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ali:	
МІСН	AEL BLAISE PO	FTS	813 767-9349 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L19000155939}{L19000155939}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) ———————————————————————————————————	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	32
B. If amending the registered agent and/or registered office are registered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	ity 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 t 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	RANDY RAFAEL JOHNSON	9670 LAKE CHASE ISL WAY	
		TAMPA FL 33626	
			□ Remove
			Change
MGR	LANCE HALLMARK	229 MAPLE AVE	•
		PALM HARBOR FL 34684	Add
			☐ Remove
			Change
MGR	GREGORY MICELI	831 BIRCH AVE	■ Add
		INVERNESS FL 34452	
			- C P
			Change
			- 100 mm (100 mm)
			1:32 2:32
			☐ Remove
			Change
			
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			☐ Remove
			Change

Effective date, if other than the date of filing: 17				
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Signature of a member or authorized representative of a member	2791			
Signature of a member or authorized representative of a member				
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Filing Fee: \$25.00