

L19 000 079416
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : HILL WARD HENDERSON
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Ally Tarpon, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$ 55.00

COVER LETTER

(((H19000351624 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLY TARPON, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Wright

Name of Person

Andrew Wright, PA

Firm/Company

1311 N. Westshore Blvd., Ste 200

Address

Tampa, FL 33607

City/State and Zip Code

andrew.wright@franklinst.com

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

For further information concerning this matter, please call:

Andrew Wright

813

839 7300

Name of Person

at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT (((H19000351624 3)))
TO
ARTICLES OF ORGANIZATION
OF

ALLY TARPON, LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 8, 2019 and assigned
Florida document number L 19000279416.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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: (((H19000351624 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLY WESTSHORE MANAGER	1311 N. WESTSHORE BLVD., STE 200	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW WRIGHT, PA	1311 N. WESTSHORE BLVD., STE 200	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33607	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

Typed or printed name of signee

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