

L20000019542

vu

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

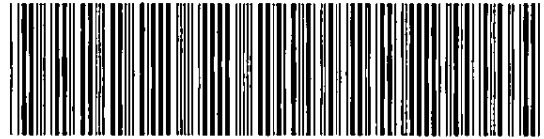
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

09/30
vu\$

Lawrence F. Ellis - Foreign - 2828

Office Use Only



700437305177

11/22/24--01016--025 **25.00

FILED

2024 NOV - 8 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSNK TECH SOLUTIONS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DASUNMI NAYAKAKORALA

Name of Person

DSNK TECH SOLUTIONS LLC

Firm/Company

14855 TUDOR CHASE DRIVE

Address

TAMPA, FL 33626

City/State and Zip Code

DSNKTECH@GMAIL.COM

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

For further information concerning this matter, please call:

DASUNMI NAYAKAKORALA

813 358-8166

at (_____) _____

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 01/13/2020 and assigned
Florida document number 12000001952.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TAMPABAYROVERS LLC

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)

11589 BELMACK BOULEVARD EAST

ODESSA, FL 33556

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11589 BELMACK BOULEVARD EAST

ODESSA, FL 33556

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:

11589 BELMACK BOULEVARD EAST

Enter Florida street address

ODESSA

City

, Florida

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

FILED
2024 NOV - 8 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL 32355
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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NAYAKAKORALA, DASUNMI	11589 BELMACK BOULEVARD EAST	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NAYAKAKORALA, PRASANNA	11589 BELMACK BOULEVARD EAST	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input type="checkbox"/> Remove
			<input checked="" 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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated OCTOBER 27, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee