# L30000053783

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SECRETARY OF STATE
TALLAHASSEE, FL

egistration Section ivision of Corporations

f:	AMPA BAY LLC		· .
	Name of Limi	ited Liability Company	
sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
urn all correspo	ndence concerning this matter	to the following:	
	Manuel Mendoza		
		Name of Person	
	MCLOF TAMPA BAY LI	.C	
		Firm/Company	
	3205 W PALMETTO ST		
		Address	<del> </del>
	TAMPA, FL 33607		
		City/State and Zip Code	
		ESTMENTS@GMAIL.COM	
	E-mail address: (	to be used for future annual report notif	ication)
ther information c	oncerning this matter, please ca	all:	
JEL MENDOZA		813 2676233 at ()	
Name o	l'Person	at () Area Code Daytime	· Telephone Number
ed is a check for th	ne following amount:		
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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# TO ARTICLES OF ORGANIZATION OF.

MCLOF TAMPA BAY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) :les of Organization for this Limited Liability Company were filed on  $\frac{02/17/2020}{2}$ and assigned ocument number 1.20000053783 indment is submitted to amend the following: rending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ew principal offices address, if applicable: val office address MUST BE A STREET ADDRESS) rew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

tegistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## ed from our records:

# Manager Authorized Member

<u>Name</u>	Address	Type of Action		
SELINA MENDOZA	3015 W PALMETTO ST TAMPA FL 33607	■Add		
		□Remove		
		Change		
		□Add		
		□Remove		
		□Change		
		□Add		
		□Remove		
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		1002LNOV -I SEBRETAT TALLAH		
		2022-NOV - A PH & 40 SEBRETATION OF STATES TALLAHASSEE, FL		
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ive date is listed the date inser	ner than the date of d, the date must be spe rted in this block do date on the Departm	citic and cannot be j es not meet the ap	plicable statutory	or more than 90 days	optional) safter filing.) Pursuant to s, this date will not be	605.0207 ( listed as t
pecifies a del	layed effective date.	but not an effecti	ve time, at 12:01 :	a.m. on the earlier	of: (b) The 90th day a	ifter the
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	M M	of the	authorized represen	tative of a member		
	Manuel	Men	100	D		