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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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TO:

Registration Section

Division of Co	rporations		
TAMPA I	REAL ESTATE SOLUTIONS I	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David Henderson		
		Name of Person	
	TAMPA REAL ESTATE	SOLUTIONS LLC	
		Firm/Company	
	1607 N Taylor Rd.		
		Address	
	Brandon, FL 33510		
		City/State and Zip Code	
	tamparealestate20@gmail.c	to be used for future annual report no	tification)
For further information	concerning this matter, please c		
David Henderson		813 924-0777 at ()	
Name	of Person	Area Code Daytii	me 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 Addre		Street Address:	
Registration Division of 0		Registration So Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA REAL ESTATE SOLUTIONS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on February 26, 2020	and assigned
lorida document number 1.20000063118	<u>_</u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
		207
e new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "HC."
nter new principal offices address, if applicable:		কী ————————————————————————————————————
rincipal office address MUST BE A STREET ADDR	RESS)	
		3
		<u>∞</u>
nter new mailing address, if applicable:		20
Tailing address MAY BE A POST OFFICE BOX)		
yy		·
If amending the registered agent and/or registered	d office address on our records, enter the na	me of the new register
ent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:		
ing winegrated 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	David Henderson	1607 N TAYLOR RD	□ Add
		BRANDON, FL. 33510 US	□Remove
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		\square Add	
			□Remove
		□Add	
		······································	□Remove
			□ Change

Page 2 of 3

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feetive date, if other than the date of filing: 05/11/2020 (optional) 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 605.0 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cannot is effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a member or authorized representative of a member.	_	
feetive date, if other than the date of filing: 03/11/2020	_	
Sective date, if other than the date of filing: 03/11/2020		
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The 90th day after the record is filed. $\frac{03/11/2020}{2}$	n eil e te:	ive date, if other than the date of filing:
Difference	.ed	03/11/2020
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		July 2000 - Comment of the comment o
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00