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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3605 Tampa LLC, a Florida Limited Liability Company

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:

Jesse D. LoRe, Jr.

Name of Person

Firm/Company

4737 Andris Street

Address

North Port, FL 34288

City/State and Zip Code

Jesse@usaconstruction-inc.com

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

For further information concerning this matter, please call:

Jesse D. LoRe, Jr.

Name of Person

at (813) 446-1084

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

3605 TAMPA LLC, a Florida Limited Liability Company

(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 10/12/2020 and assigned Florida document number L20000321349.

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)

19900 Veterans Blvd.
D Port Charlotte FL 33954

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19900 Veterans Blvd
Port Charlotte FL 33954

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:

Jesse D. LoRe, Jr.

New Registered Office Address:

4737 Andris St

Enter Florida street address

North Port

City

Florida

34288

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kara C LoRe		<input type="checkbox"/> Add
		10312 Bloomingdale Ave Ste 108 PMB168, Riverview, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jesse D LoRe SR		<input type="checkbox"/> Add
		10312 Bloomingdale Ave Ste 108 PMB168, Riverview, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	Jesse D. LoRe, Jr.	4737 Andris Street, North Port, FL 34288	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2007 JUN -3

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 December 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jesse D. LoRe, Jr.

Filing Fee: \$25.00