21000119959

(Requestor's Name)	
(Address)	
(Address)	
(123.555)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	}

Office Use Only



000397665480

2022 NO7 21 M311: 26

COVER LETTER

	stration Secti sion of Corpo					
	Tampa Bay V					
SUBJECT: _		Name of Lim	ited Liability Company	,		
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please return a	all correspond	ence concerning this matter	to the following:			
		Jessica D Smith				
			Name of Person			
			Firm/Company			
		6950 7th Street South				
			Address		Sign	§ 2022 §
		Saint Petersburg, FL 3370.				67
		tampabayvacay@gmail.con	City/State and Zip Code			2022 NOV 21 FIIII: 26
		E-mail address: (to be used for future annual	report notification)		=
For further inf	formation con-	cerning this matter, please ca	all:		71) (1) 77 - 1 134	26
Jessica D Smi	ith		727 36	5-5722		
	Name of P	erson	Area Code	Daytime Telepho	ine Number	_
Enclosed is a	check for the	following amount:				
□ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y
<u>Maili</u>	ing Address:		Street A	ddress:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Tampa Bay Vacay LLC				
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records. mited Liability Company))		_
The Articles of Organization for this Limited Liability Con	npany were filed on 3/15/2021		and	d assigned
lorida document number 1.21000119959				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	d liability company here:			
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the ab	breviatio	n "L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		2	
		<u>(ři</u>	027	
			KON	1
nter new mailing address, if applicable:			2	177.0 a
Mailing address MAY BE A POST OFFICE BOX)				· • · · ·
		: ;	===	
		2		
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	<u>ie nam</u>	e of the	new regis
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	rmer r torida street address			
	, Flor	ida	Zin C	n da
	UIIV		Z.D U.	oae

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>	Address	Type of Action
AMBR	Clarissa Smith	783 Paris Ave S	□Add
		Saint Petersburg, FL 33701	■Remove
			□Add
			□Remove
			70.7 [T] Change
			Add, T
			Remove ²
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		· · · · · · · · · · · · · · · · ·			
			 -		
					20221
				;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-	10V
	<u></u>			- 原子	
				Fig.	::::::
			· 		
					
	-	·	·		
			-		
			<u>.</u>		
fective date, if other than the date of file in effective date is listed, the date must be specific ate: If the date inserted in this block does no cument's effective date on the Department of	ot meet the applica	o date of filing or ble statutory fil	(o) more than 90 days a ng requirements,	ptional) fter tiling.) Purs this date will r	uant to 605.03 101 be listed
ecord specifies a delayed effective date, but n is filed.	not an effective tir	ne, at 12:01 a.m	. on the earlier of	: (b) The 90th	ı day after t
November 13th	2022	_ ·			
Ola Co					

Filing Fee: \$25.00