# L21000213341

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2021

VENKAT DEVINENI 628 CLEVELAND ST. APT. 811 CLEARWATER, FL 33755

SUBJECT: TAMPA BAY CAPITAL MANAGEMENT LLC

Ref. Number: L21000213341

We have received your document for TAMPA BAY CAPITAL MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 121A00014256

### COVER LETTER

	Registration Se Division of Cor			
SUBJEC	TAMPA BA	AY CAPITAL MANAGEMEN	T LLC	
SOBJEC	· · ·	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for tiling.	
Please re	tum all correspo	ndence concerning this matter	to the following.	
		DEVINENI, VENKAT B		
			nitted for filing.  o the following.  Name of Person  Firm/Company  T 811  Address  City/State and Zip Code  be used for future annual report notification)	
			Firm/Company	Address    Address   Solution
		A BAY CAPITAL MANAGEMENT LLC  Name of Limited Lability Company  s of Amendment and fee(s) are submitted for filing.  espondence concerning this matter to the following.  DEVINENI, VENKAT B  Name of Person  Firm/Company  628 CLEVELAND ST, APT 811  Address  CLEARWATER, FL 33755  City/State and Zip Code  babu.dv@gmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call-  on concerning this matter, please call-  at (732 / 789-6648)  The of Person Area Code Daytime Telephone Number  or the following amount:  c S55.00 Filing Fee & Certificat Copy (additional copy is enclosed)  Certificate of Status & Certificat Copy (additional copy is enclosed)		
			Address	
		CLEARWATER, FL 3375	5	
			City/State and Zip Code	
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For furth	er information co		·	reation)
Venkat I 	Devineni		at ( )	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:

TO:

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

TAMPA BAY CAPITAL MANAGEMENT LLC (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  $\frac{05/06/2021}{1}$ and assigned Florida document number L21000213341 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

#### 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 familian 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 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
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Filing Fee: \$25.00