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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration So Division of Cor		, a s	•
SUBJECT: IM	NO THMPA BAY	LLC nited Liability Company	· .
	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	KARL H.	HECKER Name of Person	
	•	Name of Person	·
	IMMO TH	Firm/Company LLC	· · ·
		rirm/Company	
	5238 567	TH AVE N	
		Address	
	SAINT PET	ERS BUKG FL 3: City/State and Zip Code	3 709
		•	
	WA K 2000	DMSN. COM to be used for future annual report notifi	(action)
			ication)
For further information c	oncerning this matter, please ca	ill:	
KARL H- H	ECKER	at (858) 945 - Area Code Daytime	8608
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 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

IMMO TAMPA BAY, LL	! (
IMMO TAMPA BAY, LL (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		-
he Articles of Organization for this Limited Liability Company	were filed on <i>Oc</i>	60 her 05,	2021 and	assigned
lorida document number <u>L2 (000 43 58 87</u>	•			
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liabi		_		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the des	ignation: 'LLC' or	the abbreviation	L.L.C."
inter new principal offices address, if applicable:			78 2	
Principal office address MUST BE A STREET ADDRESS)		· <u> </u>	23 J	
			4 H N	
nter new mailing address, if applicable:			RY CF	T
			<u> </u>	-
Mailing address MAY BE A POST OFFICE BOX)	- 	· · · · · ·	02 C	
			<u> </u>	
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our rec		name of the n	ew regist
				• • •
Name of New Registered Agent:	·	···-		-
New Registered Office Address:				
	Enter Florid	a street address		
<u> </u>		Florid	da	
	City		Zip Coa	le .

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 FELIX A. NUNEZ 52 38 56 TH AVE. N. □Add SAINT PETERS BURG, FL 33709 Remove ☐ Change _ □Add □Remove _ □Change \Box Add □Remove ☐ Change __ □Remove _ □Remove _____ □Change _____ □Add _____ □Remove

_____ □Change

N/A		<u> </u>			_/
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			,		
Effective date, if other t If an effective date is listed, the	than the date of filing: _ e date must be specific and can	not be prior to date of fil	ling or more than 90 days	optional) after filing.) Pur	suant to 605.020
Note: If the date inserted	in this block does not meet on the Department of State	the applicable statute			
document's effective date	on the Department of State	s records.			
ne record specifies a	delayed effective date	e, but not an effe	ctive time, at 12:	01 a.m. on	the earlier
The 90th day after		, 541, 750, 577, 577			
1 -	c 002\				
5. 1 lance 2	<u>5, 2023</u> , _	·			
Dated June 2	•				
Dated Janu 2	717 7	~			
Dated Japa 2	Signature of a mem	ber or authorized repre-	sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00