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LLC NIC Amend



A. RAMSEY
JUL 19 2023

X-00789,00524, 00/071

. . . COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Stadium Suites LLC 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:					
Ida L Sinington Name of Person					
Stadium Suites LLC Firm/Company					
15017 North Dale Makery Hwy #1290					
Tampa, FL 3368 City/State and Zip Code					
Stadium Suites tampa o amad. Com E-mail address: (to be used for thiure annual report notification)					
For further information concerning this matter, please call:					
Tda L. Simington at (815) 953-9366 Name of Person at (815) Postime Telephone Number Daytime Telephone Number					
Enclosed is a check for the following amount:					
Xi \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

FILED

Stadium Sui	Les LLC 2023 JI	JL 18 PM 12 39
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	LTARY OF STATE !
The Articles of Organization for this Limited Liability Company Florida document number <u>1.22000.2457</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Stadium Suites The new name must be distinguishable and contain the words "Limited Liabileters".	perties LLC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15017 North Dale Jampa, FL 33618	e Mabry Hwy 129
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15017 North Dale 1 Tampa, FL 336	Mabry Hwy #1290
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code
New Degistered Agent's Signature if changing Degistered Agents		

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

H 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				
			□Add	
			□Remove	
			□Change	
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□ Change

Typed or printed name of signee