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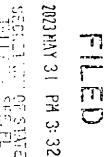
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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Special Instructions to Filling Officer:

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COVER LETTER

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TO:

SUBJEC	STANKO	V OT AT HOME LLC		
SOBJEC	- I.	Name of Lin	nited Liability Company	
The encl	osed Articles of	VOT AT HOME LLC Name of Limited Liability Company FAmendment and fcc(s) are submitted for filing. ondence concerning this matter to the following: SANDRA STANKOV Name of Person Firm/Company 4696 LAGONA LANE Address WESLEY CHAPEL, FL 33543 City/State and Zip Code SANDRASTANKOVOTR@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 813 340-9843 at (
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: SANDRA STANKOV Name of Person Firm/Company 4696 LAGONA LANE Address WESLEY CHAPEL, FL 33543 City/State and Zip Code SANDRASTANKOVOTR@GMAIL COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: STANKOV Name of Person at (STANKOV Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: gistration Section Vision of Corporations D. Box 6327 Base of Person Street Address: Registration Section Vision of Corporations Division of Corporations The Centre of Tallahassee		
			Name of Limited Liability Company and fec(s) are submitted for filing. erning this matter to the following: A STANKOV Name of Person Firm/Company GONA LANE Address Y CHAPEL, FL 33543 City/State and Zip Code STANKOVOTR@GMAIL.COM E-mail address: (to be used for future annual report notification) s matter, please call:	
			Firm/Company	·
		4696 LAGONA LANE		
			Address	-
		WESLEY CHAPEL, FL 3	3543	
			Came of Limited Liability Company Came of Limited Liability Company Came of Limited Liability Company Came of Person Firm/Company LANE Address PEL, FL 33543 City/State and Zip Code KOVOTR@GMAIL.COM iil address: (to be used for future annual report notification) or, please call: Area Code S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
or furthe	er information c		·	ification)
SANDRA	A STANKOV			
	Name o	f Person		r filing. lowing: me of Person m/Company Address ate and Zip Code COM for future annual report notification) 813 340-9843 Area Code Daytime Telephone Number 5.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
; [Division of C P.O. Box 632	Section orporations 7	Registration Se Division of Co The Centre of T	porations Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANKIV OT HOME LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/27/2023	and assigned
Florida document number L22000048652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
TAMPA BAY OT LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORFSS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or register agent and/or the new registered office address here:	red office 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	1
	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	ed from our records:		
	Manager Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ffective data if other than	the date of Clim				
ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	e must be specific and can is block does not meet	the applicable staft	filing or more than 90 cutory filing requirement	_ (optional) lays after filing.) Pursuan ents, this date will not	to 605.020 be listed as
record specifies a delayed effi is filed.	ective date, but not an e	effective time, at 12	:01 a.m. on the earli	er of: (b) The 90th de	ay after the
05/26	20	023			
_ Janda	2 Hankov	ber or authorized repr			
		DESCRIPTION OF THE PARTY OF THE			
SANDRA STANKO		oei or audiorized tept	esentative of a member	•	

Filing Fee: \$25.00