

h22000284788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

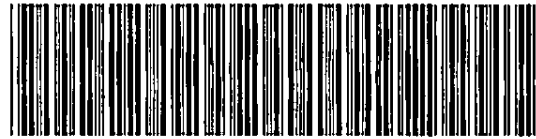
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200393135622

08/31/22--01015--002 \*\*30.00

FILED

2022 AUG 31 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Slingshots of Tampa Bay LLC

Name of Limited Liability Company

**FILED**  
2022 AUG 31 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dwayne Aikens

Name of Person

Firm/Company

10215 Opaline Sky Ct

Address

Riverview FL 33578

City/State and Zip Code

slingshotsoftampabay@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolanda Jennings

at ( 813 ) 629-0134

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Slingshots of Tampa Bay LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 AUG 31 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on June 23, 2022 and assigned  
Florida document number L22000284788.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10215 Opaline Sky Ct

Riverview FL 33578

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10215 Opaline Sky Ct

Riverview FL 33578

**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:

Dwayne Aikens

New Registered Office Address:

10215 Opaline Sky Ct

*Enter Florida street address*

Riverview

*City*

Florida 33578

*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.*

*(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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gabriel Solomon	119 Elina Sky Dr	<input type="checkbox"/> Add
		Seffner FL 33584	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yolanda Jennings	8803 Deep Maple Dr	<input type="checkbox"/> Add
		Riverview FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maurico Whitaker	11116 Hartford Fern Dr	<input type="checkbox"/> Add
		Riverview FL 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED  
2022 AUG 31 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG 31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 AUG 31 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**