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FILED 2022 OCT 11 PM 3: 15 SECRETARY OF STATI

## **COVER LETTER**

то:	Registration Section Division of Corporat	idns ,	•
end it	A&R of Tampa S	Services L.L.C	•
SUBJE	CI:	Name of Limited Liability Company	
The en	closed Articles of Amer	dment and fee(s) are submitted for filing.	
Please	eturn all correspondenc	e concerning this matter to the following:	
	R	obert Ball	
	_	Name of Person	-
	_	Firm/Company	_
	50	517 Terra Ceia Dr	
	_	Address	2022 SEC
	т	ampa, FL 33619	DCT RETA
	_	City/State and Zip Code	2022 OCT    PM 3:  5 SECRETARY OF STATE   TALLAMASSEE, FL
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
	Name of Perso	at () Area Code Daytime Telephone Number	r
Enclose	ed is a check for the foll	overing amount:	
<b>■</b> \$2:	5.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &
	Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations The Centre of Tallahassee	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&R of Tampa \$	Services LLC		
	(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization f	or this Limited Liability Company	were filed on <u>07/05/2022</u>	and assigned
Florida document numbe.	22000300 (047		
This amendment is submitted	o amend the following:		
A. If amending name, enter	the new name of the limited liab	oility company here:	
The new name must be distinguishab	le and contain the words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:		
(Principal office address MUS	T BE A STREET ADDRESS)		
		ヹ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙ヹ゙゙゙゙゙゙゙゙゙゙゙	022 EC
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		>	
Enter new mailing address, i	f applicable:	<u> </u>	<del>- 1 = -</del>
(Mailing address MAY BE A	POST OFFICE BOX)		
		111¢	<u>ω</u> []
		r fr	5
B. If amending the registered	 d agent and/or registered office	address on our records, enter the nan	
agent and/or the new register	ed office address here:		, ,
Name of New Regist	ered Agent:		·
New Registered Offic	A. A. dalesansi		
New Registered Offic	c Address.	Enter Florida street address	
		, Florida	Zin Code
N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	mp code
New Registered Agent's Signat	ure, if changing Registered Agent:	<u>:</u>	
provisions of all statutes rela accept the obligations of my	tive to the proper and complete position as registered agent as change in the registered office	vee to act in this capacity. I further age performance of my duties, and I am provided for in Chapter 605, F.S. Or, address, I hereby confirm that the li	familiar with and if this document is
	If Cha	nging Registered Agent. Signature of New Re	ejstered 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	Memb	Çſ

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashanti Aprker	12814 University Club Dr. Apt 101	□Add
		Tampa, FL 33612	■Remove
			Remove
			□Change
			SECRETA DE Remove
		,	CARPY D Change
			P □Change S S □ □ Add
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If an ei <u>Note:</u>	tive date, if other that ffective date is listed, the date inserted in ment's effective date on	tte must be specific a this block does no	and cannot be pric of meet the appli	cable statutory	or more than 90 day	(optional) is after filing.) F is, this date w	Pursuant to 6	505.0207 isted as
e reco rd is f	ord specifies a delayed e filed.	flective date, but r	not an effective	time, at 12:01 a	m, on the earlier	of: (b) The	90th day a	fter the
Dated	10-1	7-22		L. J. T.	3,1	0		
		Signature of	f a member or aut	horized represent	tive of a member	_\		