

122000378249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

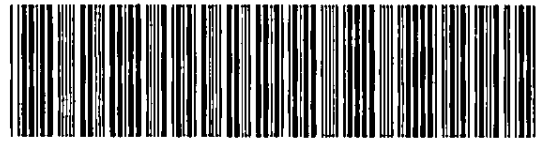
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FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA VET PROPERTIES, 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:

Richard Diana

Name of Person

Firm/Company

527 ISLEBAY DRIVE

Address

APOLLO BEACH, FL 33572

City/State and Zip Code

rpdlana@verizon.net

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

For further information concerning this matter, please call:

Olivia Cysewski

at (800) 375-2453

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMPA VET PROPERTIES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/29/2022 and assigned
Florida document number L22000378249.

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: 527 Islebay Drive
(Principal office address MUST BE A STREET ADDRESS) Apollo Beach, FL 33572

Enter new mailing address, if applicable: 527 Islebay Drive
(Mailing address MAY BE A POST OFFICE BOX) Apollo Beach, FL 33572

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: _____

New Registered Office Address: _____

Enter Florida street address

_____. Florida _____
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Diana	527 ISLEBAY DRIVE	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacqlyn Diana	527 ISLEBAY DRIVE	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brooke Certa	7485 141ST ST.	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL 33776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mike Certa	7485 141ST ST.	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL 33776	<input 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

22 SEP 2008
PH 3:30
OFFICE OF THE CLERK
FLORIDA DEPARTMENT OF
NATURAL RESOURCES

22 SEP 26 PM 3:30

22 SEP 26 PM 3:30

Division of Social Sciences

(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.

Dated 9/23 5 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Richard Diana

Typed or printed name of signee

Filing Fee: \$25.00