

L24000070392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

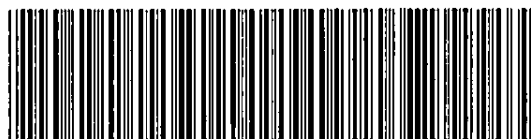
(Business Entity Name)

(Document Number)

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03/18/24--01090--005 **30.00

L24000070392

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPABAYSRESTORATIONFL 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:

Clarissa Mercado

Name of Person

TAMPABAYSRESTORATIONFL LLC

Firm/Company

619 Sandstone St

Address

Lakeland, FL 33809

City/State and Zip Code

clarissatampabay@icloud.com

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

For further information concerning this matter, please call:

Clarissa Mercado

813 4920951

at ()

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

L24000070392

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

TAMPABAYSRESTORATIONFL.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 2/5/2024 and assigned
Florida document number L24000070392.

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)

619 Sandstone St

Lakeland, FL 33809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

619 Sandstone St

Lakeland, FL 33809

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:

619 Sandstone St

Enter Florida street address

Lakeland

City

Florida

33809

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

L24000070392

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	Bernice Bailey	2369 KINGS REST RD	<input type="checkbox"/> Add
		Orlando, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clarissa Mercado	619 Sandstone St	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

L24000070392

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NEW EIN 99-1884466

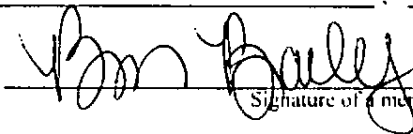
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 13, 2024



Signature of a member or authorized representative of a member

Bernice Bailey

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000070392
FILED 8:00 AM
February 05, 2024
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

TAMPABAYSRESTORATIONFL LLC

Article II

The street address of the principal office of the Limited Liability Company is:

11403 DRIFTING LEAF DR
RIVERVIEW, FL. 33579

The mailing address of the Limited Liability Company is:

11403 DRIFTING LEAF DR
RIVERVIEW, FL. 33579

Article III

The name and Florida street address of the registered agent is:

CLARISSA H MERCADO
11403 DRIFTING LEAF DR
RIVERVIEW, FL. 33579

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CLARISSA MERCADO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
BERNICE BAILEY
2369 KINGS REST RD
ORLANDO, FL. 34744

L24000070392
FILED 8:00 AM
February 05, 2024
Sec. Of State
nculligan

Article V

The effective date for this Limited Liability Company shall be:

02/05/2024

Signature of member or an authorized representative

Electronic Signature: CLARISSAMERCADO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
TAMPABAYSRESTORATIONFL LLC

Filing Information

Document Number L24000070392

FEI/EIN Number NONE

Date Filed 02/05/2024

Effective Date 02/05/2024

State FL

Status ACTIVE

Principal Address

11403 DRIFTING LEAF DR
RIVERVIEW, FL 33579

Mailing Address

11403 DRIFTING LEAF DR
RIVERVIEW, FL 33579

Registered Agent Name & Address

MERCADO, CLARISSA H
11403 DRIFTING LEAF DR
RIVERVIEW, FL 33579

Authorized Person(s) Detail

Name & Address

Title MGR

BAILEY, BERNICE
2369 KINGS REST RD
ORLANDO, FL 34744

Annual Reports

No Annual Reports Filed

Document Images

02/05/2024 -- Florida Limited Liability

[View image in PDF format](#)

