124000169096

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations Tampa Native Properties SUBJECT: _____ 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: Tracy L Hamilton Name of Person Tampa Native Properties LLC Firm/Company 710 W. Kentucky Avenue Address Tampa, FL 33603 City/State and Zip Code T.HamiltonRealEstate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 765-0049 Tracy L Hamilton Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, S30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section** Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Native Properties LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		
Florida document number L24000169096 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)		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 APR 2:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	
Name of New Registered Agent:		6
New Registered Office Address:	Enter Florida :	street address
	2,110. 1.37144	
	City	, Florida 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tracy L Hamilton	710 W. Kentucky Avenue Tampa, FL 33603	= Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□ Change
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in the	e must be specific and	d cannot be prior t	o date of filing or mo		iling.) Pursuant to 605.020
ocument's effective date on the				•	
record specifies a delayed effi is filed.	ective date, but not	an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
April 15		2024	٦,		
ated	11.11.	72	Cari A	910	
	macy,		WWW 14		
	Signature of a t	member or author	rized representative	of a member	

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