

L24000181303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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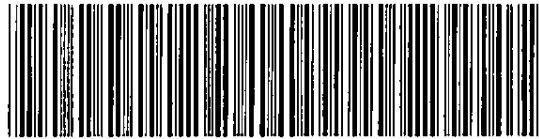
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Family Specialty Services, 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:

Ashaki Williams-Burgess

Name of Person

Tampa Family Health Centers Inc.

Firm/Company

302 W. Fletcher Avenue

Address

Tampa, FL 33612

City/State and Zip Code

awburgess@tfhc.org

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

For further information concerning this matter, please call:

Ashaki Williams-Burgess

813 895-0016
at ()
Area Code Daytime Telephone Number

Name of Person

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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CLERK OF STATE
TALLAHASSEE, FL 32303

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

Tampa Family Specialty Service, 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 04/17/2024 and assigned
Florida document number 1.24000181303.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Ashaki Williams-Burgess

New Registered Office Address: 302 W Fletcher Ave.

Enter Florida street address

Tampa, Florida 33612
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

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CLERK OF DISTRICT COURT
TAMPA, FLORIDA

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>
CFO	Ben Glisan		☐ Add
		302 W. Fletcher Ave., Tampa, Florida 33612	☒ Remove
			☐ Change
CFO	Delayna Judy	302 W. Fletcher Ave., Tampa, Florida, 33612	☒ Add
			☐ Remove
			☐ Change
COO	Thomas Van Pelt		☐ Add
		302 W. Fletcher Ave., Tampa, Florida, 33612	☒ Remove
			☐ Change
COS	Ashaki Williams-Burgess		☐ Add
		302 W. Fletcher Ave., Tampa, Florida 33612	☒ Remove
			☐ Change
COO	Ashaki Williams-Burgess	302 W. Fletcher Ave., Tampa, FL 33612	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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NASSAU COUNTY, FLORIDA

FILED

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

[illegible]

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 record is filed.

Dated January 21, 2025

AuBurgess

Signature of a member or authorized representative of a member

Ashley Williams-Burgess
Typed or printed name of signer

Typed or printed name of signee

25 JAN 30 PM 3:17
LIBRARY OF STINE
CLASS - 176107
day after

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