## L24000275571

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ILC Amena



A. RAMSEY NOV 19.2024

## **COVER LETTER**

TO: Registration Section Division of Corpora			
	FT TAMPA	UC	
SUBJECT:	<del></del>	Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitt	ed for filing.	
Please return all corresponder	nce concerning this matter to th	ne following:	
	Rober	Name of Person	
-		Name of Person	<del>-</del>
	FT	TAMPA LLC	
-		Firm/Company	<del></del>
_	1704 1	= 7th AVE	
	•	Address	
_	TAMPA	FL 33605 ity/State and Zip Code george@gn.eil.	
	CALC	ity/State and Zip Code	- CAAA
_	E-mail address: (to be	sused for future annual report notification)	
For further information conce	erning this matter, please call:		
	-	at (929) 4cx SE	342
Name of Per	son 'J	Area Code Daytime Teleph	none Number
Enclosed is a check for the fo	Howing amount:		
\$25,00 Filing Fee	330.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (

ARTICLE	S OF ORGANIZATION; \\
	OF , PM12 26
•	OF  TAMPA  Lity Company as it now appears on our records. See St.
(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on 06/17/2024 and assigned
Florida document number <u>L24000 27557</u>	<u>H</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	Robert George
New Registered Office Address:	2990 Ponce De Leon Ste 400 Enter Florida street address
	Coral Gables, Florida 33134
	Cuy Zip Code
New Registered Agent's Signature, if changing Registers	ed Agent

## New Registered Agent's Signature, it 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>	Address	Type of Action
MGR	Dobert George	1704 E 7th Ave, TAMPA	3605, Fl 'XAdd
			Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Add
			□Remove
			□Change
			□Add
		<del>-</del>	□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/22 2024
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member    OPE   Typed of printed name of signee