1900000214

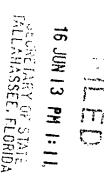
(R	equestor's Name)	
(A	ddress)	
. (A	ddress)	
(C	ity/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



600286560016

06/13/16--01001--001 **25.00



JUN 1 4 2016 Y SULKER

COVER LETTER

TO:	Registration : Division of C			
SUBJE	Tamiami	Management LC		
30 DJL	C1	Name of Lim	ited Liability Company	
		of Amendment and fee(s) are sub-	<u>-</u>	
Please re	eturn all corres	pondence concerning this matter	to the following:	
-		Jeffrey Roberti		
•			Name of Person	
			Firm/Company	
		5379 Ocean Boulevard		
		 	Address	
		Sarasota FL 34242		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	her information	concerning this matter, please ca	all:	
<u>ر</u>	ffrey	Robati	at (<u>941</u>) <u>920</u> Area Code Dayti	1-1800
	Name	e of Person	Area Code Dayti	me Telephone Number
Enclose	d 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tamiami Management LC		
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited I Florida document number L93000000214	iability Company were filed o	n 7/8/1993 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ıy here:
The new name must be distinguishable and contain the		the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE	ET ADDRESS/	
Enter new mailing address, if applicable:		7 - 1
(Mailing address MAY BE A POST OFFICE	BOX)	A A A A A A A A A A A A A A A A A A A
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office addres	s on our records, enter the name of the new
Name of New Registered Agent:	Jeffrey Roberti	TI.
New Registered Office Address:	5379 Ocean Blvd	
	Ente	r Florida street address
	Sarasota	, Florida ³⁴²⁴²
	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

Page 1 of 3

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	Gordon Hester	5379 Ocean Boulevard	Add
		Sarasota Florida 34242	■ Remove
			☐ Change
			□ Add
•			Remove
•		 	Change
			Add
			□ Remove
			Change
		·	Adde SSA
			SSEC Remove Change
			>
			Add
			☐ Remove
			Change □ Add
			□ Adq
		•	

	<u> </u>
	
-	
•	
	5
	ALL
	SSE W
	ORIG
	<u> </u>
	
Affective date, if other than the date of filing:	29,2014 (optional)
an effective date is listed, the date must be specific and cannot be prior	able statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the application	
Note: If the date inserted in this block does not meet the application and the document's effective date on the Department of State's records.	
Note: If the date inserted in this block does not meet the application and the document's effective date on the Department of State's records.	t an effective time, at 12:01 a.m. on the earlier of:
Note: If the date inserted in this block does not meet the application for the date on the Department of State's records. The sound application of the Department of State's records. The 90th day after the record is filed.	
Note: If the date inserted in this block does not meet the application for the Department of State's records. The record specifies a delayed effective date, but not seem to be seen the Department of State's records.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00