

1/28/2021

Division of Corporations

4210000393143

Florida Department of State
 Division of Corporations
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19194

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : S.LLANIO BUSINESS SERVICES INC
 Account Number : I20200000011
 Phone : (239)542-9104
 Fax Number : (239)540-1760

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: s.llaniobusiness@gmail.com

LLC REGISTERED AGENT CHANGE
 TAMARA GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
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21
JAN 28 PM 5: 24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tamara Group LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Hernandez
Name of Person

S Llanio Business
Firm/Company

1325 SE 47th St.
Address

Cape Coral FL 33904
City/State and Zip Code

S.llanio.business@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Hernandez at (239) 542-9104
Name of Person Area Code & Daytime Telephone Number

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Tamara Group LLC.

2. (a) 4645 SE 11th St #103 (b) 4645 SE 11th St #103
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Cape Coral FL 33904 Cape Coral FL 33904

3. 01/16/21 Date of filing/registration in Florida 4. L21000019194 Document number

5. (a) Haidée Gomez Valencia
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4645 SE 11th PL #103.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Cape Coral FL 33904
 _____, FL _____

(b) Hernan David Tamayo Gomez
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
4645 SE 11th St #103
 NEW Registered Office Address:
 _____, FL 33904

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member
Haidée Gomez Valencia Printed or typed name of signee

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.

[Signature]
 Signature of Registered Agent