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S. ROBERTS
JUN 2 7 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Con			
SUBJECT:Dunkle	ey Love, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Allyson Roberts, Esq.		
		Name of Person	
	Barry Miller Law		
		Firm/Company	
	11 N Summerlin Ave		
		Address	
	Orlando, Florida 328	01	
		City/State and Zip Code	
	navienne.dunkley@g E-mail address: (mail.com to be used for future annual rep	ort notification)
For further information of	concerning this matter, please co	all:	
Navienne Dunkley		at (<u>845</u>)	401-7763
Name o	of Person		Daytime Telephone Number
Enclosed is a check for t	he following amount:		
፟ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Addı	
Registration Division of C		-	on Section of Corporations
P.O. Box 632			re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUNKLEY LOVE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/17/2023</u>	and assigned
Florida document number <u>L23000086586</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TAFFIAS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St. N. Ste 300	20:
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
		;
		ය
Enter new mailing address, if applicable:	7901 4th St. N. Ste 4000	
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702	
		0
agent and/or the new registered office address here:		nme of the new registere
	7001 (d. C. M. C. 700	
New Registered Office Address:	Stered office address on our records, enter the name of the new records. David Roberts 7901 4th St. N. Ste 300 Enter Florida street address	
St. P	etersburg , Florida	33702
	City	Zip Code

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.

/s/ David Roberts
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>	<u>Address</u>	Type of Action
MGR_	Dameon H. Dunkley	222 Buttonwood Way, Hopewell Junction, NY	□Add
		12533	⊠Remove
			□Change
MGR	Dunkley Love, LLC, a NY LLC	418 Broadway, Ste. R	(\overline{\sqrt{2}}\) Add
		Albany, NY 12207	□Remove
			□ Change
			□Add
			□Remove
			Change
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		·	□Remove
			□Change
		□Add	
			□Remove
			Change
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			□Remove
			□Change

trainending any other morning	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
 		
·		
		
		
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	e date of filing:	0207 (d as th
e record specifies a delayed effectived is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated May 1st	. 2023	
	Isl Allyson Roberts	
	Signature of a member or authorized representative of a member	
	Allyson Roberts	
	Typed or printed name of signer	

• • • • • •

Filing Fee: \$25.00