L06000056101

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EXAMINER



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COVER LETTER

TO:	Registration Sect Division of Corpo				
CHDI	ECT:		TAE LLC		
3000	BC1,	Name of Limi	ted Liability Company		_
The er	nclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
			LEON BALZA		
			Name of Person		
		8181 NW	/ 36TH STREET SUIT	ΓΕ 1001	
			Address		
	•	*,	DORAL, FL 33166		
			City/State and Zip Code		
		ort notification)			
For fu	rther information con	cerning this matter, please of	call:		
	. 5.0		700	005 0000	
	LEC Name of F	ON BALZA	at (<u>786</u>)	235-0909 Daytime Telephone Nu	mber
	. Name of I	Craon	mon code a	izaj ililio Totophilio Tili	
Enclos	sed is a check for the	following amount:			
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cert nclosed) Cert	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
•	MAILIN	G ADDRESS:	STREET/O	COURIER ADDRES	S:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAE, L	LC.				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company v	vere filed on	05/31/2006	aı	nd assign	ned
Florida document numberL06000056101					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here	:			
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Compan	y," the designation	"LLC" o	r the abb	 reviation
L.L.C.		2	Ž g; Š	7000	;
Enter new principal offices address, if applicable:		Ė	~- <u>}</u> ``C	ಹ ⊃ •	FOR THE R
(Principal office address MUST BE A STREET ADDRESS)		5	>=: ==:::::::::::::::::::::::::::::::::	7	
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Pater 201 10 10 10 10 10 10 10 10 10 10 10 10 1		Ę	~ €/0	<u></u> (
Enter new mailing address, if applicable:			5岁 5州 \$	بد	
(Mailing address MAY BE A POST OFFICE BOX)			ξ ς	ಎ	
B. If amending the registered agent and/or registered offic	ce address on ou	r records, enter	the na	me of t	he new
registered agent and/or the new registered office address here:					
Name of New Registered Agent:	·				
New Registered Office Address:					
	Enter	r Florida street aa	dress		
		, Florida			
	City	, . 101144		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Address Type of Action <u>Name</u> MGR ILEANA E. HUERGO 6331 JOHNSON STREET ☐ Add Remove HOLLYWOOD, FL 33023 MATILDE SANDOVAL MGRM 5050 NW 7TH STREET ✓ Add APT_703_ Remove MIAMI_EL-33126 ☐ Add Remove $\int Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 8 2009 Dated ___ Signature of a member or authorized representative of a member ERIKA E. UCROS Typed or printed name of signee /

Page 2 of 2

Filing Fee: \$25.00