106000059639

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000287505450

07/22/16--01031--014

*60,00₀

JUL 2 5 2016 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	TATU	.	
Sobstici.	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Chang	S Bal Name of Person TATU Firm/Company	nn LLC
	15408 Gaines tatusus	Address Address O'IIE FL City/State and Zip Code Shibar @ 9 N to be used for future annual report dotifications.	Terraces 32609 ail. Com
For further information co	ncerning this matter, please ca	•	
Name of	Bahn	at (353 6 86	2-4545 Telephone Number
	. :		· ·
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

/A 1 U	· , L L
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number	9 (22 PH 3:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1702 W. University Ave#J
(Principal office address MUST BE A STREET ADDRESS)	Gainesville FL 32603
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
SU	l V Bahn
Name of New Registered Agent:	20 x/4) 25 th Taxan 20 18600 000
New Registered Office Address: 154-6	08 NW 25 th Terrace Conscine Enter Florida street address
Gaine	SVIIIe, Florida 32607 Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	s provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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 **Title** Name **Address** Type of Action Su Y Bahn 1702 W University Ave #J WAdd
Gainesville, F132603 Remove ☐ Change □ Add ☐ Remove ☐ Change: □ Add ☐ Remoÿe ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

Change	Stock Su V	holder 1		to be	· ·
Oloma	S Rak	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lan Aa	a Linuia	4.0
Chang	S. Bar HGER	· TO	ne co	ntinue	
				<u>-</u> .	
					- 6
					22
					· .
ffective date is liste If the date inse	her than the date of fi ed, the date must be specific crted in this block does n	c and cannot be prior to not meet the applicabl	tate of filing or more e statutory filing r	than 90 days after filir equirements, this da	g.) Pursuant to 60
	date on the Department				
	s a delayed effective for the record is file.		in effective tim	e, at 12:01 a.m	. on the earl
Jul	y 20th	_, 2016		n	
		of a member or authoriz	2	Behn	

Page 3 of 3

Filing Fee: \$25.00