

LD60000089169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

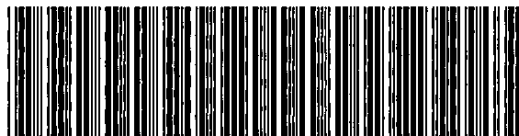
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Amend

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09/14/06--01020--002 **25.00

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06 SEP 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAOS VENTURES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DON BOVELL
(Name of Person)

TAOS VENTURES, LLC
(Firm/Company)

2208 SE 24 Terrace
(Address)

Ocala FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Ed Lucas or Don Bovell at (352) 209-1900
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed 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**

TAOS VENTURES, LLC

(Present Name)
(A Florida Limited Liability Company)

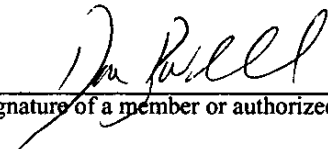
FIRST: The Articles of Organization were filed on 9-12-06 and assigned document number LO60000 89169.

SECOND: This amendment is submitted to amend the following:

MGR - Ravindra Kolaventy's correct
address is 1501 SW 42nd St, Ocala FL
34474

MGRMs - Edward Lucas and Don Bovell are
being removed and is to be replaced by
their LLCs name - Med One Health Center, LLC
6600 SW SR 200, Ocala FL 34476
TAOS VENTURES, LLC will therefore be owned by
MGR - Ravindra Kolaventy and MGRm - Med One Health Center LLC

Dated 9-12-, 2006.


Signature of a member or authorized representative of a member

DON BOVELL
Typed or printed name of signee

FILED
06 SEP 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00