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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Tami (Paci-Armao,	LLC	
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Antho	Ony R. Armao, (Name of Person)	<u>Jr.</u>	
	To	(Firm/Company)	ao, UC	
	13701	NW 23 Stree (Address)	2+	
	Pemt	Oroke Pines, f (City/State and Zip Code)	-U 33638 E	Processor Services
For further information	concerning this matter, please co	all:		
Tami	Caci of Person)	at (954) 292 (Area Code & Daytime	Q660 22 22 Telephone Number)	O
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 enclo	osed)

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

Tani Caci-Armao, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number	oility Company w	1		and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabili	ty company here:		
			TAIS	ه
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," t	he designation "Ell	C" or the abbreviation
Enter new principal offices address, if applicab	ole:		ASSON I	Called Market
(Principal office address MUST BE A STREET	ADDRESS)		m _o	
``				2
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered officers.	ce address here:		·	•••
Name of New Registered Agent:	Legal	Informa	tion Si	ervices, Inc
New Registered Office Address:	2500 1	veston Rd	Ste 40 Florida street addi	<u> </u>
	Westo	<u> </u>	, Florida	33331
		(City)		(Zip Code)
New Registered Agent's Signature, if changing Re	gistered 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)

Page 1 of 2

If amending the Managers or Managing Members on our records, en, or Managing Member being added or removed from our records:

MGR ≈ Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Actio
MGRM	Anthony R. Armao, Jr	Pembroke Pines FL 33028	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	here: (Attach additional sheets, if necessary.)	
-		OF STATE	
Dated		2	_
-	Ta	authorized representative of a member	
_	Typed or	printed name of signee	

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Filing Fee: \$25.00