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SECRETARY OF STATE
SELLAHASSEE FLORID

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations
SUBJECT: TAV	IARES VENTURES, LLC
	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	IRINA GRINEVICH
	(Name of Person)
	•
	(Firm/Company)
	10167 W SUNVISE BLVD # 303
	Plantation, FL 33322 (City/State and Zip Code)
For further information	concerning this matter, please call:
(Name	of Person) at 954, 707-5400 (Area Code & Daytime Telephone Number)
Enclosed is a check for t	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

TAVARE	S VENTURES, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recor- orida Limited Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liabil	lity Company were filed on 8.30.2(	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation	ation "LLC" or the abbreviation		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
		7 DEC 24		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	(Enter Florida sti	reet address) 9		
	Enter Florida sii	RA F		
_	(City)	(Zip 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 <u>Title</u> Type of Action <u>Name</u> <u>Address</u> MERM Ronald Friedman 10167 W Sunnie Blyd Add Remove Andrew Staubnan Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00