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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TA CAS	TERON HOLD	DINGS LTD, LLC
DOCUMENT NUMBER: LO8060		
DOCUMENT NUMBER: LO 0		
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	·
RAJEEN PAND	iT	
	(Name of Contact Person	n)
SPIRE GROVE 10	JC	
	(Firm/ Company)	
6847 NW 107	TEARNCE	
	(Address)	
PARKLAND, FL,	33076	
-	(City/ State and Zip Cod	e)
E-mail address: (to be used	I for future annual report	notification)
For further information concerning this matter, please		
PAJEEN PANDIT	at -	727 744-7532-
(Name of Contact Person		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made po	ayable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section		dment Section
Division of Corporations		on of Corporations
P.O. Box 6327		Centre of Tallahassee N. Monroe Street, Suite 810
Tallahassee, FL 32314	2413	it, promote outcor, outcome

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	2827 JUNI 16 DU 2: 00
Name of the Limited Liability Compan (A Florida Limited Liability Compan)	HOLDNGS LTD, LLC iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>Lo800000</u> 327	were filed on 10208 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
	G. C
The new name must be distinguishable and contain the words "Limited Liabili	ity Company, the designation LEC of the abotovision LEC
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maining address (MAT DE AT OD.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street uddress
	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 605, 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 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 Type of Action **Address** Title Name ELENA CYRUS-CAMBRON 6340 SWSTA (+. DANS AND PLANTATION, FL. 33317 REMOVE ☐ Change ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add \_□ Remove \_ Change □ Add ☐ Remove

☐ Change

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L Effective da:	te, if other than the date of filing:  (optional)  take is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
1200 trans	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed frective date on the Department of Smie's records.
	The state of the s
f the record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
b) The 90th	day after the record is filed.
Dated	1/10/2020
Dated	1/10/2020 Auen

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Filing Fee: \$25.00