

10800022988

D. Reluccia
2868 Blossom CT
Naples FL 34120

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 05 2010

EXAMINER



500171465515

03/11/10--01042--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -2 PM 2:24

Print Form

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taurus Investigations
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:

Daniel Duluccin
Name of Person

Firm/Company

2868 Blossom CT
Address

Naples FL 34120
City/State and Zip Code

Thntcuy41@Aol
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) 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)

*Already
on file*

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

Taurus Investigations 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 Liability Company were filed on _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10 APR -2 PM 2:24
SECURE MAIL BOX 100
DIVISION OF CORPORATIONS
FILED
FLORIDA
APR 10 2002
2002
AMERICAN
REGISTERED MAIL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 3-25-10 , 1

Signature of a member or authorized representative of a member

Typed or printed name of signee

TAURUS INVESTIGATIONS LLC

P.O. Box 111692 Naples, Florida 34108
AGENCY LIC # A2800137 (239) 293-9028

Florida State, Division Of Corporation
Doc # L 08000022988 Fei/Ein 800157235
To Whom It May Concern;

2-28-10

I August Vencellar, am resigning from Taurus Investigations effective immediately. I will no longer be affiliated with this company in any capacity.

August Vencellar

August Vencellar

03-01-10 STATE: FLORIDA

Sandra Varian CITY: COLLIER



SANDRA VARIAN
MY COMMISSION # DD 782020
EXPIRES: August 23, 2012
Bonded Thru Budget Notary Services