

LOG 000022988

P. Beluccin
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 _____

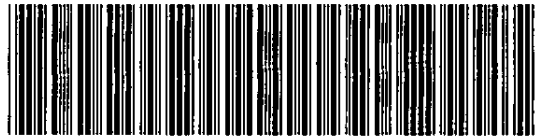
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

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 DeLuccin
Name of Person

Firm/Company

2868 Blossom CT
Address

Naples FL 34120
City/State and Zip Code

ThatGuy41@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
Already on file
- ☐ \$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**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 2 PM 2:24

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

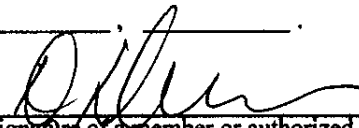
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	August Vonnellan		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 3-25-10



 Signature of a member or authorized representative of a member
 Daniel DeLuccion

 Typed or printed name of signee

TAURUS INVESTIGATIONS LLC

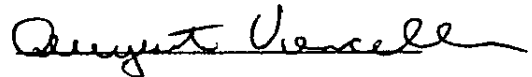
P.O. Box 111692 Naples, Florida 34108
AGENCY LIC # A2800137 (239) 293-9028

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

2-28-10

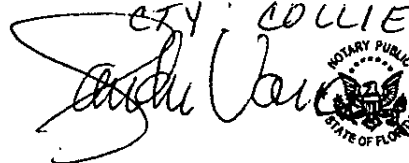
I August Vencellar, am resigning from Taurus Investigations effective immediately. I will no longer be affiliated with this company in any capacity.

August Vencellar



03-01-10 STATE: FLORIDA

CITY: COLLIER



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