

L080000 28551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

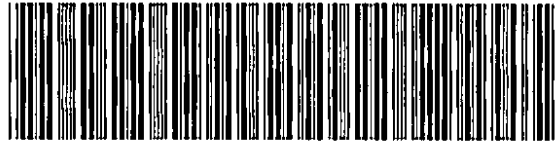
(Business Entity Name)

(Document Number)

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FILED
2020 MAR 23 AM 8:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
& BUSINESS REGISTRATION
WASHINGTON, D.C. 20540
APR 06 2020
S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TAR PROPERTIES, LLC

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:

THOMAS A. ROBINSON

Name of Person

TAR PROPERTIES, LLC

Firm/Company

13732 NW 10TH PLACE

Address

NEWBERRY FL 32669-3458

City/State and Zip Code

tom@robinshore.com

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

For further information concerning this matter, please call:

PAUL BOWERS

Name of Person

352

at ()

Area Code

371-1992 Extension 104

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAR PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 MAR 23 AM 8:06
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 19, 2008 and assigned

Florida document number L08000028551.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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) _____

c/o JAMES MOORE & CO, CPAs

5931 NW 1ST PLACE

GAINESVILLE FL 32607-2063

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: _____

5931 NW 1ST PLACE

Enter Florida street address

GAINESVILLE

City

, Florida

32607-2063

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Paul D. Dowers
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00