## L09000044235

	(Red	questor's	Name)	<u>-</u> .	
	(Add	lress)			
	(Add	iress)			
	(City	//State/Zi	p/Phone	#)	
PICK-	UP	□w	AIT		MAIL
	(Bus	iness En	tity Nam	e)	
	(Doc	ument N	umber)		
Certified Copies		Cer	tificates (	of Status	i

Special Instructions to Filing Officer:

L. SELLERS

MAY -7 2010

**EXAMINER** 

Office Use Only



800180220068

05/06/10--01014--004 \*\*25.00

10 MAY -6 PH 3: 33
SECRETARY OF STATE
JALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT:	TAL E	QUITY LLC				
SUBJECT:		ed Liability Company				
	Amendment and fee(s) are sub	<u>-</u>				
		BOTH TALM				
Name of Person						
TAL EQUITY LLC						
		Firm/Company				
805 N ANDREWS AVE						
		Address				
	FT LA	UDERDALE FL 33311 US				
	City/State and Zip Code					
	FLORID	AREOKING@GMAIL.COM to be used for future annual report notif	<u>/</u>			
For further information co	e-man address: (to		icanon			
RC	TH, TAL M	at ( 954 )  Area Code & Daytin	495-7875			
Name of	Person	Arca Code & Daytin	ne Telephone Number			
Enclosed is a check for th	c 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)			
MAILI	NC ADDDESS.	STREET/COUR	IFD ANNDESS.			

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

		UITY LLC		
( <u>Name of the Limite</u>	<u>d Liability Comp</u> A Florida Limited	oany as it now ap Liability Compa	pears on our records.)	
,	2,		,,	
The Articles of Organization for this Limited I	Liability Compar	y were filed on	05/06/2009	and assigned
	•	•		
Florida document number L0900004				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	ibility company	<u>nere</u> :	
The new name must be distinguishable and end w	ith the words "Lii	mited Liability Co	ompany," the designation	"LLC" or the abbreviat
"L.L.C."				
Enter new principal offices address, if appli	N/A			
•				
(Principal office address MUST BE A STRE	<u>ET ADDKESS)</u>			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)			
Chairing austess 11711 DD 111 OB 1 OF 1101	, 10011			
			•	0 64
B. If amending the registered agent and registered agent and/or the new registered			on our records, <u>enter</u>	the name of the n
registered agent and/or the new registered	office address in	<u>ere</u> .		
Name of New Registered Agent:	N/A			
New Registered Office Address:				⊼s →
New Registered Office Address.	<del></del>		Enter Florida street a	deres 2
		<del></del>	, Florida _	The Transport of Parties
		City		A Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
				က်လျှင်း
I hereby accept the appointment as register	red agent and a	gree to act in th	nis capacity. I further a	to comply with
the provisions of all statutes relative to the	proper and con	nplete performa	ance of my duties, and	I <b>⊠h</b> i familiar with ar
accept the obligations of my position as re	gistered agent a	s provided for	in Chapter 608, F.S. C	r, if this document is
being filed to merely reflect a change in the		ce address, I ho	ereby confirm that the	limited liability
company has been notified in writing of thi	s 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 **Type of Action** Title Title <u>Name</u> **Address** Amit Raz MGR 805 N ANDREWS AVE ✓ Add Remove FT LAUDERDALE FL 33311 US ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 03/01 2010 Dated Signature of a member or authorized representative of a member ROTH, TAL M Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00