1090000 63636

(F	Requestor's Name)
	Address)
(/	Address)
))	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(H	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500298974075

08/28/17-~01003-~02; ••25.00

COVER LETTER

- -, · ·	
TO: Registration Section Division of Corporations	
SUBJECT: Tanga Real Estate Managing and Holdings II Name of Limited Liability Company LCC.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tanga Rul Estatu Maraging & Holding	7- L
8320 W Synnise BIVA #207	
Theresa, offero (Shiffa, em- E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Theresa Olevo at (954) 915-030/ Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigc	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Real Est	a te Managi ed Liability Compan (A Florida Limited Lie	ng and	Holdings II	<u>u - </u>	
(Name of the Limite	ed Liability Company (A Florida Emited Lic	v asit now appe ability Company	ars on our réfords.)	6/30/0	3 9
The Articles of Organization for this Limited Lia				a	nd assigned
Florida document number <u>L 49000 f</u>	3523- La	1900003	1636		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabili	ity company l	nere:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," the	designation "LLC" o	or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE E	BOX)				
B. If amending the registered agent and/o	or registered offi	ice address o	on our records,	enter the r	name of the nev
registered agent and/or the new registered off					
Name of New Registered Agent:					
New Registered Office Address:		(2			
		t.nter e t	orida street address		
		City	, Flori		Code
Non Donistared Apont's Signature if changing D	lagistored Aments	•		,	•

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 = Au	ithorized Member		
<u>Title</u>	Name Murgolin)	Address	Type of Action
<u>Manager</u>	Eli Margotin	Address 8320 WSunrs (Blut 120) Plantating Pl 33322.	Add
			□ Remove
			Change
Marija	Shlomo Baranouski	8326 W Sunra (13/Vd + 20)	
v			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
		<u> </u>	□ Removę
			□ Change

_	
, _	
_	
_	
_	
_	
_	
-	
-	
-	
-	
-	
-	
-	
_	
_	
(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/19/17
	Signature of a member or authorized representative of a member
	Shimon Ma Zal Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00