(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
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G. MCLEOD

JUN 14 2010

EXAMINER



100181883661

06/11/10--01006--001 **25.00

COVER LETTER

	A-1.	TADD 110	
SUBJECT:,		TARB, LLC	
	Name of Limi	ted Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		DANA M. KAUFMAN	
		Name of Person	
	KAUI	FMAN & COMPANY, P.A.	
		Firm/Company	
	1200	BRICKELL AVE STE 950	
		Address	
		MIAMI, FL 33131	
		City/State and Zip Code	
	DKAUFM E-mail address: (1	IAN@KAUFMANCPAS.COM to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please o		
or farmer information e	oncerning and matter, piease c	aii.	
	M. KAUFMAN		55-0314
Name o	f Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	TATARB, LLC y 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 SEF	PTEMBER 2, 2009 and assigned
Florida document numberL0900085131	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	;
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	<u>RESS)</u>	<u>^^~</u>
		
		\$ = T
Enter new mailing address, if applicable:		—————————————————————————————————————
Mailing address MAY BE A POST OFFICE BOX)		
		DRIP
		A
B. If amending the registered agent and/or reginered agent and/or the new registered office ad		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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 **Type of Action** <u>Title</u> Name 1 <u>Address</u> 100 SOUTH POINTE DRIVE APT 2110 MGRM . TAMARA GALINSKY ✓ Add Remove MIAMI BEACH, FL 33139 ☐ Add Remove Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6/9/2010 Signature of a member or authorized representative of a member WOJTEK JASTRZEBOWSKI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00