# LIIOOOOG6670

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

J. SAULSBERRY EXAMINER

SEP 14 2012

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	TAT	E 812 LLC	
50241C1.	Name of Limi	ted Liability Company	LACATE TO THE PARTY OF THE PART
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	•
		EDUARDO RUANO	
		Name of Person	
	SERB	ER & ASSOCIATES, P.A.	
		Firm/Company	
	2875 N	E 191 STREET, SUITE 801	
		Address	
	А	VENTURA, FL 33180	4
		City/State and Zip Code	
		SERBERLAWFIRM.COM to be used for future annual report notification)	Z012 SEP 1 SECRETA TALLAHAS
		•	ASS I
For further information	concerning this matter, please	call:	ARY OF STANSSEE, FIL
EDU	IARDO RUANO	at ( 305 ) 9326262	E ST
Name	of Person	Area Code & Daytime Telephone N	ARY OF STATE SSEE, FLORIDA
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cc (additional copy is enclosed)	00 Filing Fee, rtificate of Status & rtified Copy Iditional 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

	E 812 LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appear ited Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability Com	pany were filed on	6/7/2011	and assigned
Florida document numberL11000066670			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		7917 SEC
			TAR ASS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	TO THE
			9: <u>-</u>
		<del>-</del>	₩ <b>%</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<u></u>		
	Ei	nter Florida street a	ddress
		, 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 **Address** Type of Action <u>Title</u> <u>Name</u> MGR Alejandro Taraciuk ☐ Add 2875 NE 191 Street 🔽 Remove Suite 801 Aventura, FL 33180 Edgardo Taraciuk MGR 2875 NE 191 Street ☐ Add Remove Suite 801 Aventura, FL 33180 5 & A Company Management LLL MGR 2875 NE 191 Street ✓ Add Suite 801 ☐ Remove Aventura, FL 33180 ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 07 2012 Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00