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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Tacolcy Tuscany Cove I, 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:

Deborah M. Edwards

Name of Person

Edwards & Associates, P.A.

Firm/Company

10717 SW 104 Street

Address

Miami, FL 33176

City/State and Zip Code

dedwards@eclawfirm.com

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

For further information concerning this matter, please call:

Deborah M. Edwards

,,305,**595-764**1

Name of Person

Area Code & 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACOLCY TUSCANY COVE I, LLC

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

The Articles of Organization for this Limited Liabil	lity Company were filed on 07/19/2011	and assigned
Florida document number L11000083255		_ ~
Tiorida document namoci	·	FILI 2013 NOV 12 SECRETARY TALLAHASS
This amendment is submitted to amend the following	ng;	圣尚 8 二
		ASE TO T
A. If amending name, enter the new name of the	e limited liability company here:	[7] [7]
	·	지의 교
	 . _	-11
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the des	ignation "Lkg" or the abbreviation
Lit.C.		(in 7
Enter new principal offices address, if applicable	•	
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET A	<u>DDKESS)</u>	
	 	
77		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	 	
5 7 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or r		s, enter the name of the new
registered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida	street address
	· · · · · · · · · · · · · · · · · · ·	lorida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Carol Gardner	675 NW 56th Street	Add
		Building C	Remove
		Miami, FL 33127	
MGRM	Tacolcy Economic Development Corporation, Inc	675 NW 56th Street	Add
		Building C	Remove
		Miami, FL 33127	
			Add
			Remove
		TAL-LAHASSE.E.	TORE THE
			13: 17: Add
			Remove
			Remove

. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary,)
November 7	2013	
aicu	Mordee Edwards	
Sign	nature of a member or authorized representative of a member	
Deborah M. Edv	wards, Attorney-at-Law	
	Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE
SECRETARY OF STATE