

L11000091095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

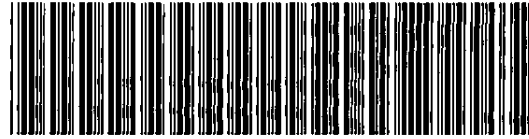
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400211289764

08/29/11--01045--006 \*\*25.00

FILED  
11 SEP - 7 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 08 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2011

LUZ OR LUIS SARTI  
PO BOX 17266  
WEST PALM BEACH, FL 33416

SUBJECT: TASHA'S PLACE LLC  
Ref. Number: L11000091095

We have received your document for TASHA'S PLACE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 311A00020248

FILED  
11 SEP - 7 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TASHA'S PLACE 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:

**Luz or Luis Sarti**

Name of Person

**TASHA'S PLACE LLC**

Firm/Company

**PO BOX 17266**

Address

**WEST PALM BEACH, FL 33416**

City/State and Zip Code

**chefasarti@yahoo.com**

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

For further information concerning this matter, please call:

**LUIS SARTI**

Name of Person

at ( 561 )

**460-6252**

Area Code & Daytime Telephone Number

FILED  
11 SEP -7 PM 12:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**

**TASHA'S PLACE 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 Liability Company were filed on 08/09/2011 and assigned  
Florida document number L11000091095

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 17266

WEST PALM BEACH, FL 33416

FILED  
11 SEP - 7 PM 4:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LUZ D. SARTI

New Registered Office Address:

4016 ROCKS POINT PL

*Enter Florida street address*

WEST PALM BEACH

, Florida

33407

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	NATASHA SARTI	4016 ROCKS POINT PL RIVIERA BEACH, FL 33407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LUIS SARTI	4016 ROCKS POINT PL RIVIERA BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LUZ SARTI	4016 ROCKS POINT PL RIVIERA BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
11 SEP - 7 PM 12:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dated August 26, 2011

  
Signature of a member or authorized representative of a member

Luz D. Sarti

Typed or printed name of signee