L12000035239

| (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: |
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Office Use Only



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TO THE RELIEF

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COVER LETTER

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TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | ON: TAZS PROPERT | Y INVESTMENTS LLC | |
|---------------------------------|---|--|---|
| DOCUMENT NUMBER: | L12000035239 | | |
| The enclosed Articles of An | nendment and fee are su | ibmitted for filing. | |
| Please return all correspond | ence concerning this ma | itter to the following: | |
| Tany | a Silvano | | |
| _ | <u> </u> | Name of Contact Person | n |
| TAZS | Property Investments | LLC | |
| | | Firm/ Company | |
| 1746 | Alvarado Court | 7 mil Company | |
| ~ | | Address | |
| Long | wood, FL 32779 | | |
| | | City/ State and Zip Code | 2 |
| tanyasilvano | o@aol.com | | |
| | | sed for future annual report | matification) |
| • | . man address. (to be us | sed for future annual report | nouncation) |
| For further information conc | erning this matter, pleas | se call: | |
| Tanya Silvano | | at (| 928-8722 |
| Name of Con | tact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the for | ollowing amount made | payable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | IS43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6 | nt Section f Corporations | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301



December 20, 2018

TANYA SILVANO TAZS PROPERTY INVESTMENTS LLC 1746 AVARADO COURT LONGWOOD, FL 32779

SUBJECT: TAZS PROPERTY INVESTMENTS LLC

Ref. Number: L12000035239

We have received your document for TAZS PROPERTY INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Mun

Letter Number: 918A00026125

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our record, a Limited Liability Company) | LC |
|--|--|--|
| The Articles of Organization for this Limited Liability C Florida document number <u>L120000359</u> | Company were filed on <u>3 - 13-6</u> <u>3</u> 9 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADDI | RESS) | <u> </u> |
| | | <u> </u> |
| | | The state of the s |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| | | 3 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | s, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stroet addres. | N . |
| | | orida |
| | 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 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------|----------------|
| 00000 | zackary Palacio | 1746 Alvarado Ct. | Add |
| +MBC | Zackary Palacio | Longwood, FZ 3277 | □ Remove |
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| n effective dat <u>ete:</u> If the da | , if other than the e is listed, the date mus te inserted in this bl ective date on the D | st be specific and cann ock does not meet (| ot be prior to date o the applicable stat | f filing or more than ? | (optional) 00 days after filing.) Pursuments, this date will n | ant to 605.020 ot be listed as |
| | ecifies a delayed lay after the rec | | , but not an ei | fective time, a | t 12:01 a.m. on th | ne earlier o |
| ted | 11/20/1 | | <u> </u> | | | |
| | 4 | AINIO | $\leq \Delta \Delta M$ | 14(1) | | |
| | | Signature of a memb | per or authorized re | presentative of a men | nber | |

Page 3 of 3

Filing Fee: \$25.00