L120000 58893

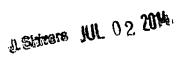
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Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo		*	*
SUBJECT: TAGA	ALMA GROUP	LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	MARIA GIGL	-IO	
		Name of Person	
	TAGALMA G	ROUP LLC	
		Firm/Company	
•	4821 NW 55	TH DR	
-		Address	
	COCONUT (CREEK FL 330	73
		City/State and Zip Code	
	maria.giglio@delu E-mail address: (to	Exerealtylic.com be used for future annual report no	tification)
For further information con	ncerning this matter, please cal	•	
MARIA GIGI	LIO	954, 415-6	6401
Name of P	Person	Area Code Daytir	ne 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

TAGALMA GROUP LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L12000058893</u> .		and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.(<u> </u>
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)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the name of	the new
New Registered Office Address:	Enter Florida street address		• ;
	, Florida	To writing	<u>:</u>
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		24 25 25 25 25 25 25 25 25 25 25 25 25 25	•
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am f	familiar with a	ınd

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = . Manager

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action MGR MARIA C MARTINEZ 4821 NW 55TH DR ☐ Add **COCONUT CREEK FL 33073** 4821 NW 55TH DR MARIA GIGLIO MGR 🗏 Add **COCONUT CREEK FL 33073 ARIEL GIGLIO** 4821 NW 55TH DR MGR COCONUT CREEK FL 33073 □ Add ☐ Remove □ Add

amending any other information, enter change(s) here: (Attach additi	onal sheets, if necessary.)
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
date this document is filed by the Florida Department of State) Led JUNE 24 , 2014	
ted	
Signature of a member of authorized representative MARIA C GIGLIO	e of a member

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Filing Fee: \$25.00