43000047736

(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

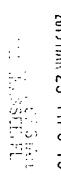
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C. GOLDEN MAR 2 5 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TAL LLC	
DOCUMENT NUMBER: L.13000047736		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
BRUNO MACCHIALLI		
CEDRUS CAPITAL LLC	Name of Contact Person	
425 PORTSMOUTH BAY	Firm/ Company AVE	
FL. 32081	Address	
	City/ State and Zip Code	
brmacchialfi@gmail.com		
E-mail address: (to be	used for future annual report no	tification)
For further information concerning this matter, plea	ase call:	
BRUNO MACCHIALLI	1 at ()	904-254-9491
Name of Contact Person		& Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Departn	nent of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division o Clifton Bu 2661 Exec	ent Section of Corporations



February 27, 2019

BRUNO MACCHIALLI 425 PORTSMOUTH BAY AVENUE PONTE VEDRA, FL 32081

SUBJECT: CEDRUS CAPITAL LLC

Ref. Number: L13000047736

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The registered agent and street address must be consistent wherever it appears in your document.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00004165

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 25 PM 6: 10

CEDRUS CAPITAL	LLC
(Name of the Limited Lia (A Flo	LLC Ability Company as it now appears on our records.) Orida Limited Liability Company) HAROSEE, FL
The Articles of Organization for this Limited Liability Florida document number <u>L</u> 1300047736	y Company were filed on APRIL OA' 2013 and assigned
This amendment is submitted to amend the following	
A. If amending name, <u>enter the new name of the l</u>	
	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	425 PORTSMOUTH BAY AVE
Principal office address MUST BE A STREET AD	\sim \sim \sim \sim \sim \sim \sim \sim \sim
Enter new mailing address, if applicable:	425 PORTSMOUTH BAY AVE
Mailing address MAY BE A POST OFFICE BOX)	0015 - 1 - 01 - (2200)
	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	
Name of New Registered Agent:	ALINA MACCHIALLI
New Registered Office Address:	125 PORTSMOUTH BAYAVE
	Enter Florida street address
<u>P</u>	PONTE VEDRA , Florida 32081 Zip Code
	Cuy 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
CEO	GREGORY PEPIN	One Coble Beach	Add
		Nasso, NP	⊠ Remove
		Nassau	Change
PTD	CATHERINE SCIORELLA - PEDI	N One Cable Beach	
		Nassau, NP	☑ Remove
		Nassac	Change
CEO BRUNO MACCHIAL	BRUNO MACCHIALLI	425 Portsmouth By Ave	⊠ Add
		Ponte Vedra, FL 32081	Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			🗆 Remove
			☐ Change

	N/A
(If an e Note	tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 March 18th . 2019
	offee
	Signature of a member of authorized representative of a member
	BRUNO MACCHIALLI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00