113000074943

(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.



800248482208

06/17/13--01014--022 **25.00

13 JUNIT PH 3: 21



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TAVI INVESTMENTS, 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:			
ANYA Labell Name of Person			
Tavi Investments, uc			
90 Almeria Ave. Sulte 204			
coval Gabies Pl 33134			
anya Ceastern Financial Moving General address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Anya Labell 305, 575-4500			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \(\text{Certificate of Status} \)			

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 _ and assigned Florida document number <u>L13000074942</u> 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" of the appreviation "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) 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: New Registered Office Address: Enter Florida street address Florida City Zip Code

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.

New Registered Agent's Signature, if changing 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> Type of Action MGRM Thomas G. 90 Almonia Ave Sherman suite 204____ COPAL GOBBLES FL 33134 MGR Momas G. Shennan 90 Almena Ave XAdd suite 204 COPAI GOBIES FL 33134 Remove Remove 1 1 Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• · · •	
_	
-	
Dated	MAY 24, 2013.
	Signature of a member or authorized representative of a member
	Inomas O. Sherman
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED 13 JUN 17 PM 3:22