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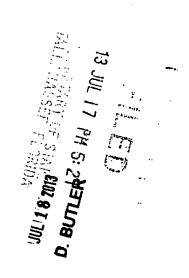
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: TA	CA LLC Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	bmitted for filing.	13 / 3
Please return all correspond	lence concerning this matter	r to the following:	
	Donald Kahn	Name of Person	7 PH 5: 2
	Green and Kn		2 2
	317 71st	street	<u>.</u>
		Address	
	Mian. Beach	FL 33141 City/State and Zip Code	
	,	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	on)
For further information con	cerning this matter, please of	call:	
Donald Kahn Name of P	(arron	at (305) 865 43 1	enhone Number
Name of F	erson	Alea Code & Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filling Fce	□\$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

TACA LLC			3
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	ars on our re	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	07/lo	/ 2013 and assigned 77
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	ere:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	pany," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	20528	N.W.	12th Avenue
(Principal office address MUST BE A STREET ADDRESS)	Miani, F	-L 3310	59
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20528 Miami, 1	N.W. FL 331	12th Avenue
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our record	ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	F	nter Florida	a street address
	1		
	City	, l	Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action Remove Remove Remove Remove Remove Remove

muel Me Bagsesburel Agat	
muel / Cla Regustured Agat	
Signature of a member or authorized representative of a member	
Typed or printed name of signee Ag	al
Page 3 of 3	
Filing Fee: \$25.00	

13 JUL 17 PM 5: 21