

#L 13000113943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

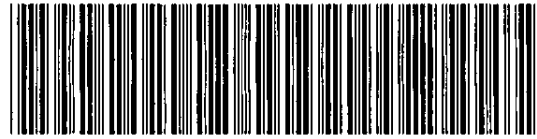
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/07/14--01005--003 \*\*25.00

RECEIVED  
14 FEB - 7 AM 10: 02  
DIVISION OF CORPORATE &

14 FEB - 7 AM 10: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

K. SALY  
EXAMINER  
FEB 7 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAGUBA 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:

ROBERT KILPATRICK  
Name of Person

TAGUBA LLC  
Firm/Company

244 LK - ELLA DR  
Address

TLH FL 32303  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT KILPATRICK at (850) 544 5768  
Name of Person Area Code Daytime 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

TAQUBA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

APPROVED  
AND  
FILED  
14 FEB -7 AM 10:30  
CREATED BY STATE  
FILED BY STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/13/13 and assigned  
Florida document number L 13000113943.

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" or the abbreviation "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

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>TARA R. LOVE</u>	<u>2382 N. FEADCL ST</u>	<input type="checkbox"/> Add
		<u>FCAGSTAFF, AZ 86004</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ROBERT J HICATRICH</u>	<u>244 LA ELLA DR.</u>	<input checked="" type="checkbox"/> Add
		<u>TLN FL 32303</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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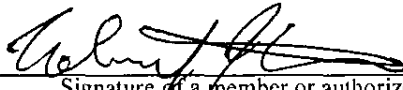
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ROBERT J. MCPATRICK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00