## L13 000 11 6657

(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:
<u>L</u> .

Office Use Only



700350597927

06/11/do-401016--62. \*x25.00

OCT - 4 2020

## **COVER LETTER**

TO:

CUBIEC		=			
SUBJEC	.1:		nited Liability Company	<del> </del>	
The encle	osed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please ret	turn all correspe	ondence concerning this matter	to the following:		
		Brigette Harms			
			Name of Person		
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Brigette Harms				
		1300 N Westshore Blvd. S	Ste 220		
			Address		
Tampa, Fl. 33607					
		<del></del>	City/State and Zip Code		
		Transit oddawy (	to be used for fitting passed spaces	(Coordan)	
For furth	er information e			incation)	
Brigette	Harms				
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>≘</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
	Division of C	orporations	Division of Co	rporations	
	rananassee, l	L 34314	2413 IN. MONTO	oc succi, suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

7973 81 110 BH 9: 29

TalDav Holdings, LLC			Erry 12 Mil D.C.
<u> </u>	ed Liability Compa (A Florida Limited I	ny as it now appears on our reco	ords.)
the Articles of Organization for this Limited L lorida document number L13000116657	iability Company	were filed on	and assigned
nis amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation "L	.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1100 South Flagler Drive, A	
Principal office address MUST BE A STREET ADDRESS)		West Palm Beach, FL 3340	)1
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		1100 South Flagler Drive, A West Palm Beach, FL 3340	·
i. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:		address on our records, <u>ent</u>	er the name of the new regist
	1100 South Fla	gler Drive, Apt 1504	
New Registered Office Address:		Enter Florida street add	tress
	West Palm Bea	ch	Florida <u>33401</u>
		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 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
MGR	TalDav Holdings MGR, Inc.	1100 South Flagler Drive, Apt 1504	□ Add
		West Palm Beach, FL 33401	□Remove
			<b>■</b> Change
			□Remove
		·	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change

	<del></del>
-	
_	
_	
_	
an effecti <u>ote:</u> If t	date, if other than the date of filing:
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7/14/2020
ated	7/12/2020  Manual Signature of a member or authorized representative of a member
6	Signature of a member or authorized representative of a member
	James Herscot
	Typed or printed name of signee

Filing Fee: \$25.00