L17000145538

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TARA	XAC GROUP LLC			
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	·SA	NDRA B. MASS	0	
		Name of Person		
		PEAK CORP		
		Firm/Company		
	16475 Go	olf Club Rd. Suite	# 304	
		Address		
	WE	ESTON , FL. 3332	26	
	·····	City/State and Zip Code		
	-	corp@hotmail.cor		
	E-mail address: (to be used for future annual	report notification)	700
For further information c	oncerning this matter, please ca	all:		2016
SANDRA B. MA	SSO	at (954)	660-0114	200 July 200
Name o		Area Code	Daytime Telepho	one Number 97
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrat Division Clifton E	F/COURIER ADITION Section of Corporations suilding ecutive Center Circ	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TARAXAC GROUP	LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record lability Company)	<u>is.</u>)	•		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L13000145538}$.	were filed on 10/16/20	13 and a	ssigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation '	·L.L.C."		
Enter new principal offices address, if applicable:	125 Taft Blvd.				
(Principal office address MUST BE A STREET ADDRESS)	Clewiston, Fl. 33440				
					
Enter new mailing address, if applicable:	125 Taft Blvd.	TELVIE!			
(Mailing address MAY BE A POST OFFICE BOX)	Clewiston, Fl. 33440	<u> </u>	hard Miller and Miller		
B. If amending the registered agent and/or registered of	ffice address on our record	S. enter the nam	e of the new		
registered agent and/or the new registered office address here)> E			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addre				
	Liner i wild street daare.	33			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
AMBR	STEVEN MASSO	16475 Golf Club Rd Suite # 304	X Add
		Weston. Fl. 33326	□ Remove
			Change
AMBR	SANDRA B. MASSO	16475 Golf Club Rd Suite # 304	Add
		Weston. Fl. 33326	Remove
			Change
	·		Add
			□ Remove
		Change	
		Add 7	
		En et	Remove
		المستريخ بالمستريخ	☐ Change
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	an effective dat	e is listed, the date r	nust be specific and	cannot be prior	to date of filing or able statutory fili	more than 90 day	s after fili	ig.) Pursi	ant to 605.0 ot be listed
Tective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	locument's eff	ective date on the	Department of S	State's records.	•		,		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becament's effective date on the Department of State's records.					an effective	time, at 12:	:01 a.m	ı. on th	ne earlier
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	Dated	ely 07/	2016	,	-· /	Λ			
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier		# /		- /	A //	/ /			

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Typed or printed name of signee

Filing Fee: \$25.00