

L13000145538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

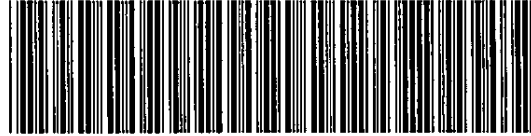
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 18 2016  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TARAXAC GROUP 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:

**SANDRA B. MASSO**

Name of Person

**PEAK CORP**

Firm/Company

**16475 Golf Club Rd. Suite # 304**

Address

**WESTON, FL. 33326**

City/State and Zip Code

**peakcorp@hotmail.com**

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

For further information concerning this matter, please call:

**SANDRA B. MASSO**

Name of Person

at ( **954** )

Area Code

**660-0114**

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

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FLORIDA  
REGISTRATION SECTION



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>	<u>Address</u>	<u>Type of Action</u>
AMBR	STEVEN MASSO	16475 Golf Club Rd Suite # 304	<input checked="" type="checkbox"/> Add
		Weston. Fl. 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA B. MASSO	16475 Golf Club Rd Suite # 304	<input type="checkbox"/> Add
		Weston. Fl. 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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STATIONARY STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** July 01/2016 (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 07/2016

Signature of a member or authorized representative of a member

Typed or printed name of signee