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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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COVER LETTER

	Division of Corp			
SUBJEC	TAG Consu	Itants, LLC		
SUBJEC		Name of Limit	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	to the following:	
		Martin Schulz		
			Name of Person	
		TAG Consultants, LLC		
			Firm/Company	
		150 Sarah Street		
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code	
		martinschulz308@gmail.com	n o be used for future annual report notifications	ation
		•	-	ation
For furth	ner information co	oncerning this matter, please ca	dl:	
Martin S	Schulz		941 276-5221 at ()	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed	d is a check for th	e 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**

TAG Consultants, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L13000162312	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the nee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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	Alois Rommer	119 Berry St. Punta Gorda, FL 339.	Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
		72- 72- 73-	Remove Change
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Filing Fee: \$25.00