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S. Lakerie

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TATECRAND LC 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:
A.S. Ripin
Intecrows UC
7189 lake 15 land Deive
Address Lake With FC 33 467 City/State and Zip Code
a Ripin@ intecravo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A, 5, R, Pin at S61 346 1096 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{S60.00 Filing Fee, 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

e crow! Liability Company as it now appears on our records.) Florida Limited Liability Company) 12/18/2014 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number L 14000 19 289 5 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8927 Hypoluxu Roms 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

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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> Name _D Add _□ Remove ☐ Change □ Add □ Remove _□ Change _ Add _□ Remove _□ Change _ Add _□ Remove ≅□ Rumove _☐ Ghange _□ Add ☐ Remove ☐ Change

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ective date, if other than effective date is listed, the dat	the date of filing: e must be specific and a	cannot be prior to date o	f filing or more than 90 o	_ (optional) days after filing.) Purs	uant to 605.02
te: If the date inserted in the tument's effective date on the	nis block does not me	eet the applicable sta	tutory filing requirem	ents, this date will r	not be listed
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record specifies a dela		ate, but not an e	ffective time, at 1	.2:01 a.m. on t	he earlier
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		at			SEP 25
	Signature of a m	ember or authorized re	presentative of a member	ir 5,3	\(\frac{1}{2}\)
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Page 3 of 3

Filing Fee: \$25.00