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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Tal Toves	stors LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Sara He	(nonder) Javi Name of Person	er Espinosa
	TAT	Envestors, LL Firm/Company	<u>C</u>
	501 sw	158 TERR Sit	e#201
	Pembroke !	Pines, FL 330 City/State and Zip Code	27
	E-mail address: (1	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Sara He	rrendez Person	at (<u>786)</u> <u>2693</u> Area Code Daytime	Telephone Number
Enclosed 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

(Name of the Limited	Liability Compan Florida Limited Li	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liab		were filed on January 29	, 2015 and assig	gned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the				
The new name must be distinguishable and end with the wor	rds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicab	le:	NIA		
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	<u>N/A</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			ter the name o	f the new
Name of New Registered Agent:	NIA		APR AHA	7-14.
New Registered Office Address:			27 Kay SSE	The second
		Enter Florida street address , Florida		The same
		City	Zip Code	*. , , *
New Registered Agent's Signature, if changing Res	gistered Agent:			

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name **Address** Type of Action Sara Herrandez 501 5W 158 Terr #201 0 Add Pembroke Pines FL 33027 Remove VP Javier Formood 501 sw 158 Terr \$201 0 Add Pembroke Pines, FL 33027 DRemove AMBR Sara Hernarda 501 5W 158 Terr #201 XAdd Pembrole Pines, FL 33027 - Remove AMBR Jouer Espinosa SOI Su 158 Terr #201 DRAD □ Remove □ Remove

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Filing Fee: \$25.00

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