L15000019912

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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FAILMASSEE, FLORIDA

D. SCOTT MAR 1 4 2017

COVER LETTER

TO:	Registration Sec Division of Corp				
	Taleon LLC	}			
SUBJE	CT:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		Tatiana Ventoso			
			Name of Person		
		Taleon LLC		•	
			Firm/Company		超
		16120 SW 98th Ct			題多門
			Address		
		Miami, FI, 33157			FILEU 2-10
			City/State and Zip Code		
		tatiana.ventoso63@gmail.co	om to be used for future annual report notifi	ication)	
For furt	her information co	oncerning this matter, please co	•	reaction)	
Tatiana	Ventoso		305 224-2628		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e following amount:			
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

Taleon LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Con Florida document number L15000019912	mpany were filed on 2/2/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		-1 in ==
Enter new mailing address, if applicable:		TILL TILL
(Mailing address MAY BE A POST OFFICE BOX)	-	2/2 ω M
D. If amonding the registered agent and/or register		5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		as, enter the name ordine ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
· 		lorida
	City	Zip Code

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 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	Ariel Velazquez	16120 SW 98th Ct Miami Fl 33157	
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove T
			Remove T
			(E) Add 2: 18
			Remove
			Change
			Add
			Remove
	•		☐ Change
			Add
			□ Remove
			□ Change

. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
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		E3 5
		美州 5
(If an effective Note: If the	late, if other than the date of filing:	al) ng.) Pursuant to 605.0207 (3)
	specifies a delayed effective date, but not an effective time, at 12:01 a.m.th day after the record is filed.	n. on the earlier of:
Dated	3/7/2017	
	to the	
	Signature of a member or inthorized representative of a member	
	Tatiana Ventoso	
_	Typed or printed name of signee	<u></u>

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Filing Fee: \$25.00