

L15000031514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 AUG 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAG AND TITLE SERVICE 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:

TERESA RIVERA

Name of Person

TAG AND TITLE SERVICE LLC.

Firm/Company

5911 MAUSSER DR, APT. E

Address

ORLANDO, FL 32822

City/State and Zip Code

TAGSANDTTLES@HOTMAIL.COM

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

For further information concerning this matter, please call

TERESA RIVERA

407

283-0335

Name of Person

at (

Area Code

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TAG AND TITLE SERVICE LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SUNBIZ.ORG 2/19/2015 and assigned  
Florida document number L15000031514.

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."

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

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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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>                   |
|--------------|--------------------|--------------------------------------|---|
| VICE PR      | ARMANDO MATOS-JOSE | 7454 HOLLOW RIDGE CIR, ORL, FL 32822 | <input checked="" type="checkbox"/> Add |
|              |                    |                                      | <input type="checkbox"/> Remove         |
|              |                    |                                      | <input type="checkbox"/> Change         |
|              |                    |                                      | <input type="checkbox"/> Add            |
|              |                    |                                      | <input type="checkbox"/> Remove         |
|              |                    |                                      | <input type="checkbox"/> Change         |
|              |                    |                                      | <input type="checkbox"/> Add            |
|              |                    |                                      | <input type="checkbox"/> Remove         |
|              |                    |                                      | <input type="checkbox"/> Change         |
|              |                    |                                      | <input type="checkbox"/> Add            |
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|              |                    |                                      | <input type="checkbox"/> Change         |

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[illegible]

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.

Tara Kline

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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