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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
		TAL FUND LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and feets) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		SIMON NAON				
			Name of Person	<del></del> -		
		NAON AND CO LLC				
			Firm Company			
		331 NE 89TH STREET				
			Address			
		MIAMI, FL 33138			253	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		2923 FC7 16	
		SIMON@NAONANDCO.			- 4 - 4	
		E-mail address: (	to be used for future annual report notifi	cation)	5	
For further i	iformation co	oncerning this matter, please co	ıll:		=:	
SIMON NA	ON		(347) 898-6079		Fii 2: 4	
•	Name o	f Person	Area Code Daytine	Telephone Number	111 O	
Enclosed is a	reheck for th	ne following amount:				
<b>■</b> \$25,00	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12/18/2015 and assigned
here:
ne designation "LI C" or the abbreviation "LL.C."
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<u> </u>
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r records, <u>enter the name of the new register</u>
Horida street address
Florida

## 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
MGRM	JV ASSETS LLC	2450 Hollywood Blvd	
		HOLLYWOOD, FL 33020	■Remove
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fective date, if other than the neffective date is listed, the date mus	date of filing:	ng or more than 90 days a	<b>ptional)</b> fier filing.) Pursuant to 605.0
<u>ite:</u> If the date inserted in this blo	ock does not meet the applicable statutor	y filing requirements,	this date will not be listed
cument's effective date on the Do	spartment of State's records.		
			• · · · · · · · · · · · · · · · · · · ·
record specifies a delayed The 90th day after the rec	l effective date, but not an effec ord is filed.	tive time, at 12:0	i a.m. on the earlier
			750
May 10	2023		<b>5</b>
ted	· ·	- <del></del>	7053 E 7
			91.7
			C.7.1
	Muniture of a member or authorized represe	ntative of a member	