

L16000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

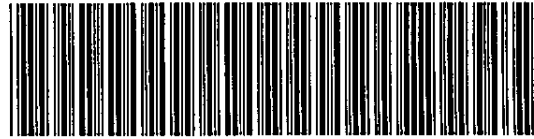
(Document Number)

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16 OCT 21 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 24 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

TACTOPSUSA LLC  
FRANCK PALA  
1819 WEST AVE, STE. 3  
MIAMI BEACH, FL 33139

SUBJECT: TACTOPSUSA LLC  
Ref. Number: L16000000900

We have received your document for TACTOPSUSA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 516A00021244

FILED  
16 OCT 21 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

TACTOPSUSA 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 12/30/2015 and assigned  
Florida document number L16000000900.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~TACTOPSUSA LLC~~  
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)**

700 S ANDREWS AVE

FORT LAUDERDALE

33316 . FLORIDA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

700 S ANDREWS AVE

FORT LAUDERDALE

33316 . FLORIDA

**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*

**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**

**FILED**  
**16 OCT 21 AM 1:00**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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AM 11:00  
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TALLAHASSEE, FLORIDA

[illegible]

12/17/2016

**(optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

12/17/2016

Signature of a member or authorized representative of a member

FRANCIS PALA

FILED  
16 OCT 21 AM 4:00  
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TALLAHASSEE, FLORIDA