

L160000 D876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

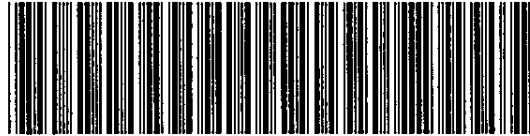
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



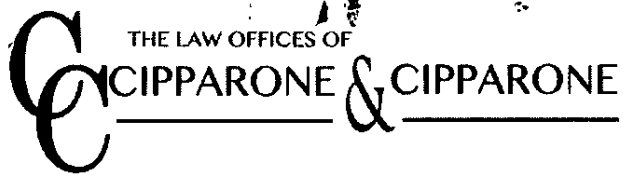
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -8 PM 4:30

MAR 09 2016

S. YOUNG



February 16, 2016

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: Articles of Amendment to Articles of Organization
Tala Loop Longwood Investment, LLC**

Dear Sir/Madam,

Enclosed please find the Articles of Amendment to Articles of Organization for filing on behalf of Tala Loop Longwood Investment, LLC. Also enclosed is our firm's check no. 2089 in the amount of \$25.00 to cover the filing fee. Please return the letter of acknowledgement to our office at the address listed below.

Should you have any questions or concerns, please feel free to contact me directly at (321) 363-0039.

Respectfully,

Jennifer Dutcher
Real Estate Paralegal

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/jhd
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TALA LOOP LONGWOOD INVESTMENT, 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:

KUMAIL A. KHALFAN

Name of Person

TALA LOOP LONGWOOD INVESTMENT, LLC

Firm/Company

1423 OCALI COVE

Address

LAKE MARY, FL 32746

City/State and Zip Code

RCIPPARONE@CIPPARONEPA.COM

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

For further information concerning this matter, please call:

RYAN CIPPARONE / JENNIE DUTCHER

321 275-5914
at ()

Name of Person

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

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LL

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>
MGR	SAFDER KHALFAN	1423 Ocali Cove, Lake Mary, FL 32746	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated February 6, 2016

Kenneth K. K.

Signature of a member or authorized representative of a member

KUMAIL A. KHALFAN

Typed or printed name of signee