## 160003459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA'
16 MAY 31 PH 5: 224 HAY 31 PH 4: 44
TALLAHASSEE, FLORIDA'
TALLAHASSEE

JUN 0 3 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor				
TARVISIU	IM LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ANNA M PIETRANGELI	ī		
		Name of Person		
	<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	ASE
	1742 BALSAM WILLOW	TRAIL		BECRETARY ALLAHASSE 16 MAY 31
		Address		ASSE Y31
	ORLANDO, FLORIDA 3	2825		2 7 7
		City/State and Zip Code		5 Okt
	AMPIETRANGELI@HOT			اران مان المان
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
JULIANA MARTINI		407 733-2584 at ( )		
Name c	of Person		ne Telephone Number	
Enclosed is a check for t	he 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 F Certificate of S Certified Copy (additional copy i	Status &
	ING ADDRESS:	STREET/COUR		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

TARVISIUM LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ou ited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{02/15/201}{2}$	6	and ass	igned
Florida document number L16000031457				
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 I	Liability Company," the designati	on "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			<del></del>
			5	
			MAY .	デザー
Enter new mailing address, if applicable:			<u>ω</u>	SSA
Mailing address MAY BE A POST OFFICE BOX)			72	<u> </u>
			က်	457
			12	E T
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>enter th</u>	ie name	of the 1
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
	··········	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			

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
AMBR	SABRINA J STOPPA	14220 MORNING FROST DR	Add
		ORLANDO, FLORIDA 32828	Remove
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<del></del>			☐ Add
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	31 PH 5: 12
	9.1
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing on the listed in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ated $05/10/$ , $2016$ .	
Signature of a ment of authorized representat	ive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00