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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	······································
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 02 2018

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	TARASO L	LC		
SUBJ	EC1:	Name of Limit	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		MICHAEL NICOL		
			Name of Person	
		TARASO LLC		
			Firm/Company	
		5865 SW 23 STREET		
		***************************************	Address	
		WEST PARK, FL 33023		
		,	City/State and Zip Code	······································
		delta1clean@gmail.com	•	
		E-mail address: (to	be used for future annual repor	notification)
For fur	rther information co	oncerning this matter, please cal	ll:	
MICH	AEL NICOL		954 367-24	13
	Name of	f Person		sytime Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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 ARTICLES OF ORGANIZATION **OF**

TARASO LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited L Florida document number L16000048757	iability Company	were filed on 03/09/2009	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	vords "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
<u>Principal office address MUST BE A STREI</u>	T ADDRESS)		3
			AP SECS
Enter new mailing address, if applicable:		N/A	FILE R 30 (
Mailing address MAY BE A POST OFFICE	BOX)		P RPOS
			<u>;</u> AR
B. If amending the registered agent and registered agent and/or the new registered o			enter the name of the r
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
	·	, Flor	rida Zip Code
New Registered Agent's Signature, if changing	Danis	•	гір Сойе

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 amentling 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
MGR	EZATT FARAGE	5865 SW 23 STREET	Add
		WEST PARK, FL 33023	☐ Remove
			☐ Change
MGR	SORAYA FARAGE	5865 SW 23 STREET	Add
		WEST PARK, FL 33023	■ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
	4	***************************************	Add
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w	04/25/2018		
an effe	late, if other than the date of filing: (opti	r filing.) Pursuant to 6	
	e date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	s date will not be li	sted a
The	specifies a delayed effective date, but not an effective time, at 12:01 at the day after the record is filed.	a.m. on the ear	lier c
ited .	04/25 , 2018.		
	/ M. A.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00