# 116000129429

(Re	questor's Name)	
(Ad	dress)	
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NOV 15 2016 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co			
Tazvano E	interprises LLC		
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
	Stephen Ostheimer	ū	
		Name of Person	<del></del>
	Tazvano Enterprise LLC		ره من المستند
		Firm/Company	
	7830 Cortez Road West		TON THE STATE OF T
	•	Address	HOW ILL PH 4: 4
	Bradenton, FL 34210		H F
	sunshinetaxservice@gmail	City/State and Zip Code	16 NOV 14 PH 4: 49
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Stephen Ostheimer		941 761-8353 at ()	
Name o	of Person	Area Code Daytime	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS:	STREET/COUDIE	D ADDRESS.

MAILING ADDRESS:

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 TO ARTICLES OF ORGANIZATION OF

Tazvano Enterprises LLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our record la Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L16000129429	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.F. V.
Enter new principal offices address, if applicable:		7 27
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		PH 4: 4: 03: 05: 05: 05: 05: 05: 05: 05: 05: 05: 05
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	/	lorida
	City	Zip Code

### 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member .

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ninfa E. Allerton	7830 Cortez Road West	□ Add
		Bradenton, FL 34210	Remove
			☐ Change
			Add
	,		Remove
			G Change
		<del> </del>	G Change
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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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(bed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of:
Dated November 9, 2016	
Dated November 9 2016.  Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00