## 11700005855

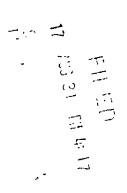
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## **COVER LETTER**

TO: Registration Se Division of Cor				
Forever Ta	ntra LLC			
30b/EC1	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Micheal Fernandez and Dia	na Del Giudice		
		Name of Person		
	Forever Tanira LLC			
Firm/Company				
4605 Cozzo Drive				
		Address		
	Land O' Lakes, FL 34639			
	forevertantralle@gmail.com	City/State and Zip Code	<del></del>	
		o be used for future annual report notific	ation)	
For further information of	concerning this matter, please ca	11:		3 7
		813 390-4032 at ( )		
Name c	of Person	Area Code Daytime T	elephone Number	15 20 日本で 11 15 日本で
Enclosed is a check for the	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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forever Tantra LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number L17000005855	were filed on January 7, 2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	Michael Fernandez		
• • • • • • • • • • • • • • • • • • • •	4605 Cozzo Drive		
	Land O' Lakes, FL 34639		
Principal office address MUSI BE A STREET ADDRESS			
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		nter the name of the	
Name of New Registered Agent:		= = = = = = = = = = = = = = = = = = = =	
New Registered Office Address:			
	Enter Florida street address	-	
	Florid		
	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, 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	Michael Fernandez	4605 Cozzo Drive	<b>⊒</b> Add
		Land O' Lakes, FL 34639	☐ Remove
			Change
			Add
			Remove
		<u></u>	Change
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			August 25, 201	7		•
E. Effec	tive date, if other than t	he date of filing	connot be prior to d	eta of filing or more than	(optional)	2 - 2
Note:	If the date inserted in this	block does not me	eet the applicable	are or ming or more tital		
docur	ment's effective date on the	Department of St	ate's records.			_
	cord specifies a delay e 90th day after the r		ate, but not a	n effective time, a	t 12:01 a.m. on ti	ne earlier of:
Datec	August 25		2017			
		n/n				
	Dienc.	11/1/1/1/	uclus /	d representative of a mer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00