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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Forever Tan	tra LLC			
***************************************		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspoi	ndence concerning this matter	to the following:		
		Michael Sean Fernandez &	: Diana Lynn Del Giudice		
			Name of Person		
		Forever Tantra LLC			
Firm/Company					
		7214 Flowerfield Drive			
	Address				
			City/State and Zip Code		
		forevertantraLLC@gmail.co			
		h-mail address: (I	to be used for future annual report notif	ication)	
For further in	iformation co	oncerning this matter, please ca	all:		
Michael Feri			at () 390-4032 Area Code Daytime		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

TO: Registration Section

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 TO ARTICLES OF ORGANIZATION OF

Forever Tantra LEC				
(<u>Name of the Limited I</u> (A l	iability Compa Iorida Limited I	ny as it now appears on ou liability Company)	r records.)	
	lity Company 	were filed on January 7.	2017	and assigned
	ng:			
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrev				
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation	on "LLC" or the abbrev	riation "L.L.C."
Inter new principal offices address, if applicable	2:	7214 Flowerfield Drive		
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	Tampa, FL 33615		
				, r-c
inter new mailing address, if applicable:				
••	X)			27 I''
	_			1:
		·		23 23
			ecords, <u>enter the</u>	name of the
Name of New Registered Agent:	Diana Del Giud	ice		
New Registered Office Address: 7	214 Flowerfiel	d Drive		
		Enter Florida stree	t address	
<u>T</u>	ampa		Florida 33615	
_		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>	Name	Address	Type of Action
MGR	Linda Fernandez	7214 Flowerfield Drive	= Add
		Tampa, FL 33615	□ Remove
			☐ Change
MGR	Willie Fernandez	7214 Flowerfield Drive	
		Tampa, FL 33615	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

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ective date, if other the effective date is listed, the	an the date of fil	ling: January 11	, 2018		_ (optional)	. 0.5. 03 .
te: If the date inserted in	n this block does no	ot meet the appli	cable statutory			
rument's effective date or	n the Department o	of State's record:	S.			
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record specifies a de he 90th day after th	elayed effective he record is file	ed.	ot an errecti	ve time, at 1	.2:01 a.m. on t	ne earlier (
January 11		2018 • 1	· •			
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ted January 11	(NO Signature of	Michigan or and	lorized represent	tative of a membe	г	

Page 3 of 3

Filing Fee: \$25.00