L1700013557

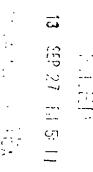
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600318695916

89/27/13--01019--009 **60.00



Name of Limited Liability Company	
Tarragom, Lic	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Veffrey R Tarr	
Tarragom LLC Firm/Company	
10) Quail Forest BLUD Address	
Naples FL 34105 City/State and Zin Code neid Medina 88 @ 9. mail. E-mail address: (to be used for inture annual seport notification	
E-mail address: (to be used for future amoust growth postification	COM
For further information concerning this matter, please call:	.,
Name of Person at (730) 2-71-766	hone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

(Name of the Limited Liability Co	empany as it now appears	on our records,)
Tarragom 110		
The Articles of Organization for this Lifnited Liability Comp	varry were filed on $\frac{1}{\sqrt{2}}$	and assigned
Florida document number L 7000013557		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de-	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		50 -
Enter new mailing address, if applicable:		27 1
(Mailing address MAY BE A POST OFFICE BOX)		
		ं रा
	_ 	400
B. If amending the registered agent and/or registere	ed office address on	our records, enter the name of the new
registered agent and/or the new registered office address	bere:	
N. O. D. L. L.		
Name of New Registered Ages:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
Non-Thalamad A . 41 Ct. A . 45 P B. V.A. b.a.	City	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of t t as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
=		
i i	Changing Registered Ag	ent, Signature of New Registered Agent

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Adáress</u>	Type of Action
			O Add
			Remove
			Change
		:	Remove
		· · ·	Change
			Change
			Remove

		 U Add
		(1) Pamour
		 Remove
		🗆 Change
		 Li Change
		27
		Change Add Change
		===
		Remove
		 Change
		 [] Add
		 □ Remove
		D Remove
		П С .
		Change
		D Add
		□ Remove
		□ Change
		🗆 Add
		 Remove

_ Change

4	we	are				<u>אל – טי</u>	15.00-	
··inc	Woi		ike	to	add	Inpo	+ / Expor	<u>:</u>
+0	our	operation	115.				, 	
		·	·				_	
						·		
				· · · · · · · · · · · · · · · · · · ·				
				- ,				
		<u>.</u>	·	-			·	
							<u> </u>	
							· <u>8</u>	· ·
							7	2
					-		•	
	 						;.	نن.
	· · · · · ·			 			· · · · · · · · · · · · · · · · · · ·	 _
								
								
							<u>.</u> .	
		he date of filing	; <u> </u>			(option	al)	a 405 0707
fan effective date is Note: If the date	listed, the date n inserted in this	block does not m	eet the applica	able statutor,	g or more than y filing requir	90 days after fil ements, this d	ing.) Pursuant t ate will not be	e listed as
fan effective date is Note: If the date document's effect ne record spec	listed, the date n inserted in this ive date on the ifies a delay	block does not m Department of S red effective d	neet the applica tate's records.	able statutory	y filing requir	ements, this d	ate will not be	e listed as
If an effective date is Note: If the date document's effect the record spector The 90th day	ilisted, the date n inserted in this rive date on the diffes a delay after the re	block does not me. Department of Solved effective decord is filed.	neet the applicatate's records.	able statutory	y filing requir	ements, this d	ate will not be	e listed as
If an effective date is Note: If the date document's effect he record spec The 90th day	ilisted, the date n inserted in this rive date on the diffes a delay after the re	block does not me. Department of Solved effective decord is filed.	neet the applicatate's records.	able statutory	y filing requir	ements, this d	ate will not be	e listed as
Effective date, if If an effective date is Note: If the date document's effect he record spec The 90th day	ilisted, the date in inserted in this ive date on the iffies a delay after the re	block does not me. Department of Size deffective decord is filed.	neet the applicatate's records.	t an effect	y filing requir	ements, this d	ate will not be	e listed as

Page 3 of 3

Filing Fee: \$25.06