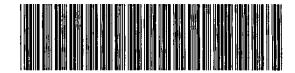
## 217000018400

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	Registration Se Division of Cor				
suriec	TAJIMI, LL	LC			
SUBILC		Name of Limi	ted Liability Company		
		Amendment and fee(s) are subjections and section and sections are subjective.			
Please ret	turn all correspo	ndence concerning this matter	to the following.		
		RAUL GASTESI, JR. ESQ	), 		
			Name of Person		
		GASTESI & ASSOCIATE	S, P.A.		
			Firm/Company		
		8105 NW 155 STREET			1 形
		<del></del>	Address		TEB ST
		MIAMI LAKES, FL 33016	5		12
		rgastesi@gastesi.com	City/State and Zip Code		21 AHII: 19
			to be used for future annual report noti	fication)	10
For furth	er information c	oncerning this matter, please ca	all:		
Raul Gas	stesi, Jr.		305 818-9993 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	l is a check for t	he following amount:			
\$25.0	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 enclo	
		ING ADDRESS:	STREET/COUR		

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

TAJIMI, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned
Florida document number L17000018400	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDR	RESS)	
	*Mé v	5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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	<b>Type of Action</b>
MGR	VITOR MANUEL GONCALVES	1100 Park Centrla Blvd S. Ste 3300	Add
		Pompano Beach, FL 33064	□ Remove
			☐ Change
			□ Remove
			☐ Change
	<del></del>		17 Att 18
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record spe The 90th d	ecifies a dela ay after the	ayed effective record is filed	date, but i	not an effect	ive time, at 1	2:01 a.m. on t	:he earlier (
ted	02 -	13	. 20	17.			
			10	· · ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00