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COVER LETTER

TO: Registration Section **Division of Corporations** TAG ADMINISTRATIVE & MANAGEMENT SERVICES LLC (L17000036050) SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robin Green, CFO Name of Person OATA LLC Firm/Company 8421 S. John Young Pkwy. Ste 150 Address Orlando, FL 32819 City/State and Zip Code robin@youroata.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & **■** \$60,00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy

Mailing Address:

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

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on or Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company	were filed on FEBRUA	RY 14, 2017 and assigned
Florida document number L17000036050		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
OATA SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ NO CHANGE ~	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	~ NO CHANGE ~	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new regi
Name of New Registered Agent: ~ NO CHANG	E ~	
New Registered Office Address:	Enter Florida stro	ret address
		. 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>	<u>Address</u>	Type of Action
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fective date, if other than th	Jul	y 1, 2021		(optional)	
un effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot block does not meet the	he applicable sta		0 days after filing.) Purs	
record specifies a delayed effect	ive date, but not an ef	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90t	h day after the
is filed.					
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