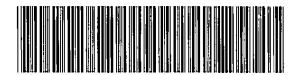
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COVER LETTER

TO: Registration Se Division of Cor		•	
TADALA I	LC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARION L. EVANS		
		Name of Person	
	TADALA LLC.		
		Firm/Company	
	609 WEST MAGNOLIA	STREET	
		Address	
	LAKELAND, FL 32065		
	EVANSMM5002@GMAII	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
MARION EVANS		205 202-7936	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Fiting 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TADALA LLC,		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u></u>
		B. W. 577
Enter new mailing address, if applicable:		<u>်</u>
(Mailing address MAY BE A POST OFFICE BOX)		The Control
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	•
	, Flo	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marion L. Evans	409 West Magnolia Street	
		Lakeland, FL 33815	Remove
			Change
MGR	Keisha T. Henry	7790 Via Toscana# =	MOI
		Sun Diego, CA 96129	Remove
			Change
			D Add
			DRemove
			Change
 			🖸 Add
			Remove
			Change
MGR	SIMPSON, NAQUICHE C		<u></u> _□ Add
		22030 ALGER SAINT	Remove
		CLAIR SHORES, MI 48080	Change
			= 1
			AM · · ·
			_ Remove
			-
			_□ Change

If amending any other inform	ation, enter change(s) here	: (Attach additional shee	ts, if necessary.)	
				-
				
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Effective date, if other than the If an effective date is listed, the date mu. Note: If the date inserted in this bidocument's effective date on the I. the record specifies a delayed. The 90th day after the record.	olock does not meet the application of State's records. It defective date, but not	to date of filing or more than 90 tble statutory filing requiren	nents, this date will r	not be listed as t
Dated Ma August	- <u>28</u> . <u>2017</u>	_ ·		
Mari	Signature of a member or autho	nzed representative of a memb	er -	28
MARION EVANS			> >	7 SEP
	Typed or printe-	d name of signee		ည်း ဟု [
			• •	· 4 !
	Page	3 of 3	•	- =

Filing Fee: \$25.00