## L17000113610

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## **COVER LETTER**

TO: Registration Se Division of Cor					
	nagement, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
	Amendment and fec(s) are sub- indence concerning this matter				
	Dom Levy-Scully				
		Name of Person			
		Firm/Company			
	840) 27th St SW				
		Address			
	Naples, FL 34117				-17
	dornscully@aol.com	City/State and Zip Code	Ka Xi	ر دير دير	
For further information c	E-mail address: (	to be used for future annual report notificall:	cation)	<u>()</u> %3	
Dom Levy-Scully		954 205-8355 at ()		٦::  د	
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fili Certificate Certified ( (additional c	e of Statu Copy	

MAILING ADDRESS:

TO:

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 Tallahassec, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Tafeeta Management, LLC				
( <u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our records.)	
The Articles of Organization for this Limited L  Florida document number	Liability Compan	y were filed on May 2	3. 2017	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the design	nation "LLC" or the a	obbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A	5	3
			<u></u>	, , , , , , ,
B. If amending the registered agent and registered agent and/or the new registered o			ှာ ir records, <u>enter</u>	the name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida :	street 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

## OI TEMOTEGITOM OUL TECOLUS.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ODEFTE SCULLY		□ Add
		7371 NW 40th St., Lauderhill, FL.:	☑ Remove
			☐ Change
MGR	DORN LEVY-SCULLY	840 27th St SW, Naples, FL 34117	
		<del></del>	Remove
AMBR	BRIAN B. SCULLY	840 27th St SW, Naples, FL 34117	Change
		_	
			☐ Remove
			Add I
		<del></del>	□ Remove
		<del> </del>	☐ Change
	<del></del>	<u> </u>	☐ Add
			□ Remove
			□ Change
· · ·			□ Add
			☐ Change

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E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.
Dated 12-01-17
THE S
Signature of a member or authorized representative of a member
Odette Scully
Typed or printed name of signee

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Filing Fee: \$25.00