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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #)	MAIL	
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Certified Copies	_ Certificates	of Status
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•		COVER LETTER	
TO: Registration S Division of Co			
Tate-Lalu,			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tara Matthews		
		Name of Person	
		Firm/Company	
	8090 NW 115th Way		
	Parkland, FL 33076	Address	
	terrykm75@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all;	
Terry Matthews		786 302-7848	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

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



Tate-Laly, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on July 5, 2017	and assigned
Florida document number 1.17000144275		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "11C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	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 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	Type of Action
R	Tara Matthews	8090 115th Way, Parkland, F1, 330	Add
			☐ Remove
			☐ Change
MGR	Tara Mathews	8090 115th Way, Parkland, FL 330	□ Add
			_ ■ Remove
			Change
MGR	Terence Matthews	8090 115th Way, Parkland, FL 330	■ Add
			□ Remove
			☐ Change
MGR	Terence Mathews	8090 115th Way, Parkland, FL 330	Add
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Typed or printed name of signee

Filing Fee: \$25.00