## 11700225502

(Requestor's Name)	<del></del>
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## **COVER LETTER**

Division of Corporations
SUBJECT: TARA-Bloom Designs LLC Name of Limited Liability Company
Name of Elimited Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Walerie ElAM Name of Person
TARA-Bloom Olsigns LLC
13012 Robert Rol
Botelia SI 33922
City/State and Zip Code  Valerie Clan C Hotmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valerie El Am at 239 470 - 5901  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee,

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ro:

Registration Section \*

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Tara - Bloom Name of the Limited Liability (A Florida L.)	Company as it now appears on our records.)  The company is it now appears on our records.)	
	mpany were filed on $10-31-2017$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
5 Ame		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new	<u>w</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florala street address	
	Florida	
<del></del>	City Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:	I Thomas
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and cont as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability	W NOV 20
	If Changing Registered Agent, <u>Signature of New Registered Agent</u>	10 € 8 H
	Page 1 of 3	

Page 1 of 3

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 = M AMBR = A	anager uthorized Member			
<u> </u>	Name	Address	Type of Action	
n <sub>G</sub> R	Valerie Elam	13612 Rubert Rd	[i Add	
		13612 Robert Rd Bokeelia Ilcridu	☐ Remove	
		33922	B Change	
			Remove	
			D Change	
			Remove	
			O Change	
			D Add	<b></b>
		-	D Remove	
			Change	10 20 11
			0 Add	
			Remove	3 54 15 11 11 11 11 11 11 11 11 11 11 11 11 1
			D Change	
		<del> </del>	D Add	
			Remove	
			Change	

. II amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
Effective date, if other than the date of filing: 11-5-2017 (optional)	73.15.1
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 ( 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.	the Right
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	Mov 2
b) The 90th day after the record is filed.	
Dated 11-14- 17	15 15 15 15 15 15 15 15 15 15 15 15 15 1
Signature of a member or authorized representative of a member	
Tara De Ribertis Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00