117000227297

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO:	Regist Divisio	ration Secti in of Corpo	on rations			
eud iez	T/	AO PROPEI	RTIES LLC			
SUBJEC	-1:		Name of Limi	ted Liability Company		
The encl	osed A	rticles of An	nendment and fee(s) are subr	mitted for filing.		
Please re	turn all	correspond	ence concerning this matter t	to the following:		
			YAHINA CAROLYN FAN	NA VARGAS		
				Name of Person	•	
			TAO PROPERTIES LLC			
				Firm/Company		
			190 4TH AVE			
				Address		
			HOLTSVILLE, NY 11742			
				City/State and Zip Code		<u> </u>
			TIMLORITO@GMAIL.CO			
				o be used for future annual re	port notification)	
For furth	er infor	mation cond	erning this matter, please ca	11:		
TIM LO	RITO				0555	
		Name of Po	rison	at () Area Code	Daytime Telepho	ne Number
Enclosed	l is a ch	eck for the f	ollowing amount:			
S \$25.0	00 Filin	g 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

TAO PROPE	ERTIES LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000227297</u> .	were filed on NOVEMBER 2, 2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:	190 4TH AVE			
(Principal office address MUST BE A STREET ADDRESS)	HOLTSVILLE, NY 11742			
Enter new mailing address, if applicable:	190 4TH AVE			
(Mailing address MAY BE A POST OFFICE BOX)	HOLTSVILLE, NY 11742			
B. If amending the registered agent and/or registered o		he name of the new		
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:		18 014.		
New Registered Office Address:		ECRI ISION		
	Enter Florida street address	TAR OF C		
	, Florida	25 SOC		
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code OR STA		
I hereby accept the appointment as registered agent and agr		ve to comply with the		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am fa	miliar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 A'MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	CHET FINKBEINER	3505 Veterans Hwy Ste D	
		Ronkonkoma, NY 11779	Remove
			Change
MGMR	Yahina Carolyn Fana Vargas	190 4th Ave	∃ Add
		Holtsville, NY 11742	Remove
		 	Change
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			JANE 3C
			Ragove Ragic
			SECRETARY OF STATE ISION OF CORPORATIONS JANESO AMIL: Light CORPORATIONS

			Page 3 of			A	OF STATE RPORATIONS
	Chet Finkbeiner	Тур	ed or printed nam	ne of signee		JAN 30 -	FILE DF CC
		Signature of a mem	ber or authorized	representative of	a member		SECI
Dated		· _					
b) The 9	rd specifies a delayed Oth day after the rec unuary 26	ord is filed.	e, but not an 018	effective tim	e, at 12:01 a.m	n, on the earli	er of:
(If an effect <u>Note:</u> If documen	e date, if other than the ive date is listed, the date must the date inserted in this blacks effective date on the D	at be specific and can ock does not meet epartment of State	the applicable s 's records.	e of filing or more statutory filing r	equirements, this da	ng.) Pursuant to 60: te will not be list	led as the
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