## 117000232693

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## **COVER LETTER**

TO:	Registration So Division of Co					
SUBJEC	TIARA 41	BB, LLC				
COBBE		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
i icase ic	turir an correspo	Jody D. Radeliff	to the following.			
-			Name of Person		_	
		Jody D. Radeliff CPA, LL	С			
		870 Dunlawton Avenue, #	Firm/Company 309		_	
		Address Port Orange, FL 32127		2019 JAN 23 1511 751 755		
		jody.radcliff@jodyradcliffc	City/State and Zip Code pa.com		23 PH	3-3
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	fication)	- 0	. (Ţ
Jody D.	Radcliff		386 788-8680		2.	
	Name o	of Person	Area Code Daytimo	e Telephone Numbe	r	
Enclosed	l 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)	Certified	ate of Status &	ı
	<b>31</b> 4 11	INC ADDDECC.	STREET/COURT	ED ADDDECO.		

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

TIARA 41 BB, 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 11/11/2017 and assigned Florida document number L17000232693 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 870 Dunlawton Avenue, #309 Enter new principal offices address, if applicable: Port Orange, FL 32127 (Principal office address MUST BE A STREET ADDRESS) 870 Dunlawton Avenue, #309 Enter new mailing address, if applicable: Port Orange, FL 32127 (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 11 ag filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability 12 apany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

in 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
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ective date, if other than the date	of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0.
te: If the date inserted in this block do	es not meet the applicable statutory fili	ing requirements, this date will not be listed
ument's effective date on the Departn	ent of State's records.	
record specifies a delayed effe he 90th day after the record is		time, at 12:01 a.m. on the earlier
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, /	ure of a member or authorized representative	
1 Warren	M Gamphin	

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Filing Fee: \$25.00