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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER —

TO: Registration Section Division of Corporations
SUBJECT: Tanthera Construction and Twalopment LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph W. Bastosel
Parthera Construction and Tevel opment, LLC
2150 Century Blud.
St. Augustina, FL 32084 City/State and Zip Code
E-mail address: (to be used for future analy report notification)
For further information concerning this matter, please call:
Robert L. S. Werman at (404) 520.1102  Name of Person Area Code Daytime Telephone Number
Enclosed is a check fourth of the
Enclosed is a check for the following amount:   \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

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

(Name of the Limited Liabilly Constitution	The state of the
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w	1 1
Florida document number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability (	Company," the designation "LLC" or the abbreviation "L.L.C."
non principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	E AR
_	₩ <del></del>
Enter new molling and	<b>5</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	DR-T
<del>-</del>	is on
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	Oddwara
registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New D	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature is a	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

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 = MAMBR = MAMBR = MAMBR	Manager Authorized Member		
Title Mar	Name Robert L. S. Ivarman	Address 220 N. Surenate Fr. Um+684	Type of Action  □ Add
Mgr	Joseph W Bartosch	Ponte Vedra Brack FL 32082	□ Remove
•		2150 Century Blood 5+. Augustine FL32084	
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ive date, if other than the date of filing:	IX
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If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	
90th day after the record is filed.	m. on the earlie
2/2/2018	
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Signature of a member or authorized representative of a member	_
of authorized representative of a member	
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Filing Fee: \$25.00