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COVER LETTER

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SHD IF CT	Tatarefs Ll	C	,	•		
SUBJECT	·	Name of Lin	nited Liability Company	•		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	m all correspo	ondence concerning this matter	to the following:			
		Richard Rose				
		 	Name of Person	· ·-		
		Rose Consulting LLC				
			Firm/Company	· 		
		200 Butler St. Suite 201				
			Address			
		West Palm Beach, FL 330	47			
	City/State and Zip Code					
		E-mail address: (to be used for future annual report no	tification)		
For further	information c	oncerning this matter, please c	all;			
Richard Ro	se		561 325-0130			
	Name o	f Person	at () Area Code Daytii	me Telephone Number		
Enclosed is	a check for th	ne 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 enclosed)		
	ailing Addres		<u>Street Address:</u> Registration So	ection		
Di	ivision of C	orporations	Division of Co	orporations		
P.0	O. Box 632		The Centre of	Lallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our reco imited Liability Company)	ords.)	
mpany were filed on January 19, 20	and assigned	
d liability company here:		
d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
, 		
<u>SS)</u>	2019	
	-2	
	r se	
	. ne	
office address on our records, ent		
Cuv	Florida Zip Code	
T .	d liability company here: I Liability Company." the designation "L. SS) Enter Florida street add	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Matthew Burkey	1815 SE Hideaway Circle	≡ Add
		Port St Lucie FL 34952	_
			□ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			□Change
			□Add
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			□ Changa

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	uthew Burkey is a 1% owner in Tatarefs LLC as of the date of this filing.
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· ec	a data if athor than the data of file.
fan <mark>e</mark> ffec	e date, if other than the date of filing:
<u>Note:</u> If locumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
rocume:	t servetive date on the toepartment of state's records.
a raco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Oth day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member NATASHA REFKALEFSKY

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