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S. PRATHER

COVER LETTER

Division of Cor	porations		
SUBJECT:	TAPA	ited Liability Company	<u>82-</u> 457.866=
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lin	Name of Person	L
	TAG	PAN LLC Firm/Company	
	<u> 201 t</u>	SAN RIVER C	<u> </u>
		SLAND FL 3 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Name o	N HENE!	at (<u>739</u>) <u>289</u> Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$2.530.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

(Name of the Limite	TAPANI LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on $2/21/2018$ and assigned
This amendment is submitted to amend the follo A. If amending name, enter the new name of	
The new name must be distinguishable and contain the water new principal offices address, if applications of the contain the water new principal offices address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	LINDA HENE!
	Maeco SLANA Florida 34145 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.

Citv

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>A</u> ?	STEVEN A HENEIL		□ Add
		201 DAN RIVER CT MARCE ISLAND FL 34145	Remove
			Change
MGR	LINDA HENELL	201 DAN EVERLT MARCO ISLAND 1 34145	F <u>L</u> XAdd
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LINDA MENELL	1	<u> </u>	
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Filing Fee: \$25.00