L18000132585

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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
TAZ ldear	s LLC		i
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	Taylor Ziegler		
		Name of Person	
		Firm/Company	<u> </u>
		таписопфану	
	839 Panical Drive		
		Address	1
	Apopka, Fl 32703		•
		City/State and Zip Code	
	tazsolutionsfl@gmail.com	1000	
		to be used for future annual report notifi	leation)
For further information (concerning this matter, please c	all:	
Taylor Ziegler		407 2574559 at ()	
Name o	of Person		Telephone Number
			'
Enclosed is a check for t	he following amount:		1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAZ Ideas LLC	2621 MAR -5 PH 5: 53
(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company where $\frac{\text{L}18000132885}{\text{L}18000132885}$.	ere filed on 5/29/2018 and assigned
This amendment is submitted to amend the following:	, , I
A. If amending name, enter the new name of the limited liabili	ty company here:
TAZ Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1
	ı
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new register</u>
the transfer the tree tension of the transfer the tree transfer to the tree tree tree tree tree tree tree	
Name of New Registered Agent:	
Ni na Dini na 1 OFF a A I I	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 = Manager - ! AMBR = Authorized Member Address 1 MAR -5 PM 5: 53 **Type of Action** Title Name □Add _ □Remove ___ □Change □Add □ Remove ☐ Change _ □Add □Remove __ Change __ 🗆 Add Remove Change _ 🗆 Add _ 🗆 Remove

__ 🗆 Change

_ 🗆 Add

_____ Change

Remove

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If an effective date is I Note: If the date in	other than the date of listed, the date must be spenserted in this block do we date on the Departm	eific and cannot be prices not meet the appli	cable statutory filing	ore than 90 days afte	ional) r filing.) Pursuant to (is date will not be I	605.0207 (3) listed as the
e record specifies a rd is filed.	delayed effective date.	but not an effective	time, at 12:01 a.m. c	on the earlier of: (b) The 90th day a	fter the
Dated March 2		2021	y '			
	Toylor	jest				
	I Jaighan	ire of a member or auth	iorizea representative	or a member		
	Liegler				i	