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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Divi	ision of Corpo	rations	•			
" SUBJECT:	ТАГОУА ТЕ	AM, LLC				
SUBJECT	•	Name of Limi	ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	lence concerning this matter t	to the following:			
		Sarah Tafoya				
			Name of Person			
			Firm/Company			
		2360 Little Eagle Lane SW	I			
			Address			
		Vero Beach, FL 32962				
			City/State and Zip Code			
		sarah@sorensenrealestate.co				
			to be used for future annual report notification	1)	2013	
For further in	nformation cor	ocerning this matter, please ca	all;			
Barry G. Se	gal		772 567-5552			COMMERCIAL FORESTER
Englandin	Name of I		Area Code Daytime Teles	phone Number	5 P# 1: 2	The state of the s
		following amount:		<b>5</b> 640 00 PW	<b>'''</b>	
■ \$25.00 H	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

TAFOYA TEAM, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on December 15, 2018	and a	ssigned
lorida document number L18000291310			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited li	ability company here:		
Sarah Tafoya LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "	L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered			
egistered agent and/or the new registered office address h	<u>ere</u> :		<u>ක කායේ</u> 11 13
		-	
Name of New Registered Agent:		<del></del>	() ecrees
New Registered Office Address:			, I
New Registered Office Address.	Enter Florida street address	•• 3	
	, Florida		
<del></del> .	City	Zip Coc	<b>6</b>

## 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 adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Sarah Tafoya	2360 Little Eagle Lane SW	
		Vero Beach, FL 32962	<b>=</b> Add
		vero beach, FL 32902	☐ Remove
			Change
MGR	Sarah Tafoya	2360 Little Eagle Lane SW	П. 11
		Vero Beach, FL 32962	
			■ Remove
			Change
			Add
			□ Remove
		<del></del>	☐ Remove
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ffective date, if other than the da an effective date is listed, the date must be	ite of filing:e specific and cannot be prior	to date of filing or more tha	(optional) nn 90 days after filing.) Porsus	ant to 605.020
ote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the applica artment of State's records.	able statutory filing requ	irements, this date will no	ot be listed a
	ce-un union to			الموم -
e record specifies a delayed of The 90th day after the recor		can enective time,	at 12:01 a.m. on th	e earner C
ated	2019			
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/ 1				
C.	gnature of a member or author	orized representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00