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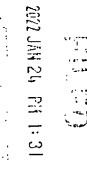
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## **COVER LETTER**

TO:	Registration S Division of Co			·		
	Tara Belan	oger LLC			•	
SUBJEC	CT:			<del></del>		
		Name of Lin	nited Liability Company			
The encl	losed Articles of	f Amendment and fec(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Tara Belanger Bright				
			Name of Person			
		Tara Belanger LLC				
			Firm/Company	<del></del>		
		226 Tavernier Drive				
			Address	····	2022	
		Ponte Vedra, FL 32081				4.1.
		romacdg@gmail.com	City/State and Zip Code		2022 JAN 24 PH 1: 3	
		E-mail address: (	to be used for future annual report notifica	tion)		19 20 10
For furthe	er information c	r information concerning this matter, please call:				
Tara Bela	inger Bright		904 5019037		m —	
*******	Name o	of Person	at ()	elephone Number	<del></del>	
Cauland	Circum arthur alla Africa al	La Fallanda				
		he following amount:	D 055 00 000 D			
<u>1</u> \$25.€	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
-	Mailing Addres		Street Address:			
	Registration S Division of C		Registration Section Division of Corporation			
	P.O. Box 632		The Centre of Tall			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tara Belanger LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number	Liability Company	were filed on	and assimiled
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
Tara Belanger Bright LLC			
The new traine must be distinguishable and comain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	226 Tavernier Drive	
(Principal office address MUST BE A STREE		Ponte Vedra, FL 32081	
Enter new mailing address, if applicable:		226 Tavernier Drive	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Ponte Vedra, FL 32081	
B. If amending the registered agent and/or in agent and/or the new registered office addressed and the Name of New Registered Agent:		address on our records,	enter the name of the new registered
New Registered Office Address:	226 Tavernier £	Orive	
		Enter Florida street	address
	Ponte Vedra		Florida
		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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	1/18/2022
an effe	re date, if other than the date of filing:
<u>iote:</u> I ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	d.
ated	Denicos 18 2020
	Signature of a member or authorized representative of a member
	Signature of symember or authorized representative of a member
	Tara Belanser British of Signer

Filing Fee: \$25.00