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COVER LETTER

TO:	Registration Sec Division of Corp			
CHDH	ect.	TALAB INVESTMEN	TILC	
SUBJE	ECT:	Name of Lim	ited Liability Company	·
The en	closed Articles of i	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ROBERT WALLACE		
			Name of Person	
		6034 CHESTER AVE. ST	Firm/Company F. 207H	
		JACKSONVILLE, FL 322	Address 17	
		WALLACE32217@AOL.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information co	oncerning this matter, please co	ill:	
ROBE	RT WALLACE		904 733-5190 at ()	
	Name of		Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALAB INVESTMENT LLC		
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were f	iled on APRIL 4, 2019 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	many" the designation "[] C" or the abbrevia	rion "L [C "
Enter new principal offices address, if applicable:	party, the designation libe of the addition	r~3
Principal office address MUST BE A STREET ADDRESS)		919
Frincipal office address MOST BE A STREET ADDRESS		3 71
		ZO estate
	10-11-11-11-11-11-11-11-11-11-11-11-11-1	
Enter new mailing address, if applicable:	φ»:	
Mailing address MAY BE A POST OFFICE BOX)		
	. نسم	32 ATE
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ddress on our records, <u>enter the </u>	name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	19124	

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.

City

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>	<u>Address</u>	Type of Action
MGR	TALAB ELOLA	825 CASSAT AVE	
——————————————————————————————————————			
		JACKSONVILLE, FL 32205	
			■ Remove
			Change
MGR	TALAB ABUELOLA	825 CASSAT AVE	
		JACKSONVILLE, FL 32205	
			LI Kemove
			Change
			□ Add
		-	Remove
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E. Effectiv	e date, if other than the date of filing:	(optional)
Note: II	the date is used, the date must be specific and cannot be fithe date inserted in this block does not meet the nt's effective date on the Department of State's re-	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(applicable statutory filing requirements, this date will not be listed as the ecords.
If the reco (b) The 9	Buth day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated	4/16/2019	·
Daica		
Dated		
Dated	<u> </u>	or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00