Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAAZA MART LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Division of Co			
TAAZA SUBJECT:	MART LLC		
SCHOLCT,		ed Liability Company	. =
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	Cheyenne Moseley		
		Name of Person	**************************************
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	info@taazamartfl.com	City/State and Zip Code	
	E-mail address: (to	be used for luture annual report notif	ication)
For further information	concerning this matter, please call	! :	
Cheyenne Moseley		800 773-0888	
Name	of Person	at () Area Code Daytims	: Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 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 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

TAAZA MART LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our reco lability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000172031}{L19000172031}$	were filed on <u>07/02/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	7 7 N
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Li	L.C." من the abbreviation لل L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		EP -8
		AH 9: 07
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:	Enter Florida street addi	ress
	F	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, c vovided for in Chapter 605	and I am familiar with and 5. 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

Title	Name	Address	Type of Action
MGR	TUMMALA, RAJEMDRA		
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		6260 COMMERCE PALMS BLVD TAMPA, FL 33647	■ Remove
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			□ Remove
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