## M9 000 179 141

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## **COVER LETTER**

TO:	Registration 8 Division of Co		• .		
er n 10					
SUBJECT: Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		YANEIDY B., MOLI	NET MORILLO		
			Name of Person		
		AGRI GLOBAL FINANC	IAL SERVICE LLC		
			Firm/Company	<del></del>	
		4611 S UNIVERSITY DR			
			Address		
		DAVIE FL. 33328			
			City/State and Zip Code		
		DOCUMENTOS.SERVICI			
12 45	a tata a		to be used for future annual report notifi	cation)	
		concerning this matter, please c	aii:		
Alicia	Monrroy		786 9737142 at () Area Code Daytime		
	Name (	of Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for t	the following amount:			
S2.	5 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 radditional copy is enclosed)	
	Mailing Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, Fl.	oorations allahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGRI GLOBAL FINA	NCIAL SERVICE LLC	
(Name of the Limited Lia (A Fio	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 07/11/2019	and assigned
lorida document number <u>L19000179141</u>		
his amendment is submitted to amend the following	;	
a. If amending name, enter the new name of the	limited liability company here:	
TANAUSU FINANCIAL SERVICE LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	)	
	-	
		d- t-
3. If amending the registered agent and/or regist	ered office address on our records, enter the	e name of the new registo
gent and/or the new registered office address her		,
Name of New Registered Agent:		- , :
		÷
New Registered Office Address:	Enter Florida street address	•
	part of the second second second	
	Flori	da
	Cur.	Ziji 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 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
AMBR	MARIA G COLMENARES	4611 S UNIVERSITY DR STE 271	
		DAVIE FL. 33328	■Remove
			□Change
<del></del>			CIAdd
			□Remove
			☐ Change
<del></del>	<del></del>		□Add
			□Remove
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LNEED TO CHANGE TH	E COMPANY'S NAME BACK TO TANAUSU FINANCIAL SERVICE LLC
- THEBIT TO CHANGE TH	E COMENTATION OF THE TOTAL OF THE SERVICE EEC
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ective date, if other than the effective date is listed, the date is	e date of filing:
<u>te:</u> If the date inserted in this b	block does not meet the applicable statutory filing requirements, this date will not be listed as
rument's effective date on the l	Department of State's records.
ecord specifies a delayed effecti	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed	
ITINE 20	2021
ted	··
	Gansidy B., Molinet Morillo Signature of a member of a member
	Signature of a member or authorized representative of a member
	YANEIDY B., MOLINET MORILLO
	The state of the s

Filing Fee: \$25.00