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TO: Registration Se Division of Cor			
SUBJECT:	Taino Ma	Atenance LC) —————
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mario	Marin Ramas Name of Person	
	Taino	Mointenance (Firm/Company	CC 35 B
	5453	NW Moorhen T	心人概点二
	Port St.	City/State and Zip Code	1986 P. 2:23
	E-mail address: (1	· · · · · · · · · · · · · · · · · · ·)-COM P
For further information e	oncerning this matter, please ca	all:	
Mario Name o	Mary Ramas		- 3585 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres ★ Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 180142</u> .	were filed on $\frac{7/12/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Taiw o Maintenance Contain the words "Limited Liab The new name must be distinguishable and contain the words "Limited Liab	C
Enter new principal offices address, if applicable:	700
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Desirtand Aport's Cinneture of shanning Desirtand Aport	City Zip Code

New Registered Agent's Signature, il 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
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