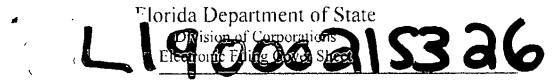
Division of Corporations



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(((H22000367389 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980

Fax Number

: (786)713-1940

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A. TAVANI, LLC



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## ARTICLES OF AMENDMENT H220003673893 TO ARTICLES OF ORGANIZATION OF A. TAVANI, LLC (Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) 08/22/2019 The Articles of Organization for this Limited Liability Company were filed on \_\_ L19000215326 Florida document number \_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4377 E WHITEWATER AVE Enter new principal offices address, if applicable: WESTON, FL 33332 (Principal office address MUST BE A STREET ADDRESS) 4377 E WHITEWATER AVE Enter new mailing address, if applicable: WESTON, FL 33332 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida

## 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 H22000367389.3

<u>Title</u>	<u>Nume</u>	Address	Type of Action
MGR	TAVANI, ARMANDO A	4377 E WHITEWATER AVE	□Add
		WESTON, FL 33332	Remove
			☑Change
			□Add
			Remove
			Change
			□Add
			Remove
			LI Change
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			⊕Add
			□Remove
		***************************************	□Change
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			□Remove
			MChange

H220003673893

fame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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recor Lis fi	d 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 led.
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	Signature of a member or authorized representative of a member
	TAVANI, ARMANDO A