# L20 0000741944

(Re	equestor's Name)	
(Ad	idress)	
	ldress)	
(/\c	idiess)	
(Cit	ty/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name	
10)	isiness Entity Name	=)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
	_	<del></del>
Special Instructions to	Filing Officer:	
		}

Office Use Only



700347183727

07/06/20--01017--021 \*\*25.00

2020 JUL -6 AM 6: 58

AUG 1 8 2020 S. YOUNG

### **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

TAREA FINA LLC SUBJECT: \_\_\_\_\_ Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA MENNA Name of Person TAREA FINA LLC Firm/Company 9594 NW 41 STREET STE 103 Address DORAL, FL 33178 City/State and Zip Code NATALIAMOBILE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 306-5395 NATALIA ARIAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAREA FINA LLC		. 263
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{03/06/2020}{}$	and assigned
Florida document number L20000074944		
This amendment is submitted to amend the following:		6; 58
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register- agent and/or the new registered office address here:		nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	uddress
		. Florida
	City	Zip 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 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
MGR NATALIA ARIAS	9594 NW 41 STREET STE 103	<b>=</b> Add	
		DORAL, FL 33178	□Remove
			⊡Change
			□Add
			⊟Remove
			□ Add
			🗀 Remove
			□Change
			□Add
			□Remove
			Change
		□Remove	
		□Change	
			□Add
		Remove	
		□Change	

## Page 2 of 3

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
-	
-	
•	
Note:	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	JULY , 2020 .
	Signature of a member or authorized representative of a member
	MARIA MENNA
	Typed or printed name of signee

Page 3 of 3