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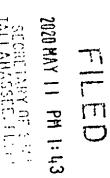
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COVER LETTER

TO:

TO: Registration So Division of Co			
Tara Gree	ns 2, LLC		
SUBJECT:		•	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	onsitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin M Mowitz, Esq		
		Name of Person	
	Mowitz Law, LLC		
		Firm/Company	 .
	14260 W Newberry Rd #	126	
		Address	
	Newberry F1, 32669		
	justin@mowitzlaw.com	City/State and Zip Code	······
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Justin M Mowitz		352 682-0435	
		at ()	ne Telephone Number
Name (of Person	Area Code Daytii	ne Tetephone Number
Enclosed is a check for t	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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 MAY 11 PM 1:43

Tara Greens 2, LLC

SECRETARY OF 5 to

(Name of the Limited Liability Company as it now appears on our records, LLAHASSEE, Fig.

The Articles of Organization for this Limited L	iability Company w	ere filed on _	May 1, 2020	and assigned
Florida document number	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited lia <u>bili</u>	ty company	<u>here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability	v Company," th	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Patana adalam if analimbla				
Enter new mailing address, if applicable:	PASS.	<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u>BOA)</u>			
B. If amending the registered agent and/or r	***	dress on our	records, enter the n	ame of the new register
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Justin M Mowitz	z. Esq		
New Registered Office Address:	14260 W Newbe	rry Rd #126		
nes registere office radicas.		Enter F	lorīda street address	
	Newberry		Florida	32669
		Cuy		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

Thereby 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MBR	Valverde 2, LLC	2100 Salzedo Street, Suite 300	
			🗀 Add
		Coral Gables, FL 33134	■Remove
			= Remove
			□Change
MBR	Valverde 1, LLC	2100 Salzedo Street, Suite 300	
			= Add
		Coral Gables, FL 33134	□Remove
			Skellove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
		·	Change
			□Add
			□Remove
		· IB 115 B	

Page 2 of 3

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	May 6 2020
Dated	
	$/$ \times \times $/$ \sim
	Signature of intember or authorized representative of a member

Page 3 of 3

Typed or printed name of signee