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Office Use Only



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## **COVER LETTER**

	gistration Se vision of Cor					
CUDUCT	Tara Greens	s 2, LLC				
SUBJECT:	6-Throid 18-17	Name of Limi	ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspo	indence concerning this matter	to the following:			
		Silvia Moukhtara Nemer				
			Name of Person			
		Tara Greens 2, LLC				
			Firm/Company			
		7717 NW 20th Lane				
			Address			
		Gainesville, FL 32605				
			City/State and Zip Code	<del> </del>		
		silvia@moukhtara.com E-mail address: ()	to be used for future annual report no	titication)		
For further	information c	oncerning this matter, please co	•			
Silvia Mou	khiara Nemer		352 870.8772			
	Name o	f Person	at () Area Code Daytir	me Telephone Number		
Enclosed is	a check for th	ie following amount:				
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
R	ailing Address egistration S	Section	Street Address: Registration Solvision of Co			
	O. Box 632	Corporations 27	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tara Greens 2, LLC				
(Name of the Limite	d Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	<u>'ds.</u> )	
The Articles of Organization for this Limited Li	ability Company	were filed on 05/01/2020	and assigned	
Florida document number L20000118269	,			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I.I.	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	3911 NW 26th Ter	~	
(Principal office address MUST BE A STREE		Gainesville, FL 32605		
			ŭ	
Enter new mailing address, if applicable:		3911 NW 26th Ter	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		Gainesville, FL 32605	လုံ	
			<u>ं</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		address on our records, <u>ente</u>	r the name of the new registere	
<del></del>	3911 NW 26th	Ter		
New Registered Office Address:	Enter Florida street address			
	Gainesville		Florida <u>32605</u>	
		City	Zip Coxle	

## 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 = M $ AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
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Effective date, if other than the date of filing:  (optional)  (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Nate: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record 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 distribution of the date of a member						·····				
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Signature of a member or authorized representative of a member	Dated Augi	ust 13th		20	24	-				
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Filing Fee: \$25.00