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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Taska, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Courtney Hutchison, Esq. Name of Person
Hutchison Law P.A. Firm/Company
Firm/Company
LoloZ S. Tamiami Trl. Address
Osprey, FL 34229 City/State and Zip Code Chutch @ gohutchlaw. com E-mail address: (to be used for future annual report notification)
Chulch @ gohutchlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney Hutchison at (941) 587-0597 Name of Person at (941) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Jaska, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000167205</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LP.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1662 S Tamiami Trail Osprey, FL 34729 C/O Hutchison Law, P.A.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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
AMBR	Jane E. Thomson	7901 4th Street N.	XAdd
		Ste 300	□Remove
		St. Petersburg, FL 33702	□Change
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ument's	s effective date	on the Depa	artment of	State's red	cords.	statutory in	mg require	ments, ans	uate will i	or be fisted as
cord spe s filed	ecifies a delaye	ed effective d	ate, but no	ot an effect	tive time, a	it 12:01 a.m	. on the ea	rlier of: (b)	The 90th	day after the
ed	7/10/	2020		·						
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Filing Fee: \$25.00