

120 000234103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

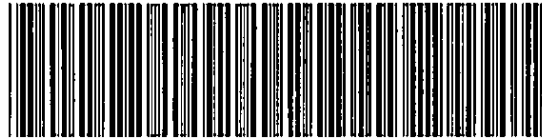
(Business Entity Name)

(Document Number)

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U BRUCE  
JUL 25 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAGED 2020  
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:

Thomas Ghaltchi  
Name of Person

TAGED 2020  
Firm/Company

8551 W Sunrise Blvd #100  
Address

Plantation FL 33322  
City/State and Zip Code

retommy@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Ghaltchi at (954) 993-3387  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TAGED 2020

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2020 and assigned Florida document number L20000234103

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."

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)

**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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas Ghaltchi	8551 W Sunrise Blvd. #100	<input type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Heidi Ghaltchi	8551 W Sunrise Blvd. #100	<input type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Melvina Daher	8551 W Sunrise Blvd. #100	<input type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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FLORIDA  
PH

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DATE 07-21-2021 BY 60322  
UCBAW/STW

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HEREIN IS UNCLASSIFIED  
DATE 07-06-2021 BY 60322  
UCBAW/BJA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

July 1 2021  
Dated 07/01/2021

Thomas Gha Hchi

Typed or printed name of signee