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(Fi	Requestor's Name	∌)
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Special Instructions to	o Filing Officer:	-

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Tauben Enterprises, 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:	
Pahaf Taubah Name of Person	
Tauben Enterprises, LLC	
4419 Saddleworth Cir.	
Orlando, Fl 32866 City/State and Zip Code	
toubehenterprises @ icloud, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ()	
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \sum_{30.00}\$ \text{Filing Fee} & \sum_{555.00}\$ \text{Filing Fee} & \sum_{560.00}\$ \text{Filing Fee}.	
Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is enc	us &
Mailing Address: Street Address: Desired and in the street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

laub	en Enterprises	
(Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Life Florida document number		<u> 27 2020</u> and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	2021
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	126
(Principal office address MUST BE A STREE	T ADDRESS)	. <u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addres		ls, enter the name of the new registered
Name of New Registered Agent:	Rahaf S Tou	beh
New Registered Office Address:		
	Enter Florida sti	reet address
	7	Florida Zip Code
	City	гар Сояе

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>	Name	Address	Type of Action
AMBR	Bahaf S Taubeh	4419 Saddleworth Cir	<u>·</u> □Add
		Orlando, Fl 32826	□Remove
			XiChange
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