

120 000 318 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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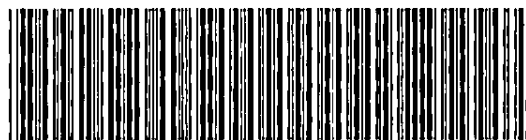
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2021 JUN 14 AM 8:26

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAVIRA INVESTMENTS 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:

JOSEPH CHARTERS  
Name of Person

\_\_\_\_\_  
Firm/Company

2340 8<sup>th</sup> AVE  
Address

SAINT JAMES City, FL 33956  
City/State and Zip Code

JOE @ MCHARTERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH CHARTERS at (240) 426-7979  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TAVIRA INVESTMENTS LLC

(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 10/08/2020 and assigned  
Florida document number L2000318228.

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)

2340 8<sup>th</sup> AVE  
SAINT JAMES CITY, FL 33956

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2340 8<sup>th</sup> AVE  
SAINT JAMES CITY, FL 33956

**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:

MARY CHARTERS

New Registered Office Address:

2340 8<sup>th</sup> AVE

*Enter Florida street address*

SAINT JAMES CITY, Florida 33956  
*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.*

M. Charters  
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>
<u>MGR</u>	<u>Mary Charters</u>	<u>2340 8<sup>th</sup> AVE</u>	<input checked="" type="checkbox"/> Add
		<u>SAINT JAMES City FL 33956</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JOSEPH CHARTERS</u>	<u>2340 8<sup>th</sup> AVE</u>	<input checked="" type="checkbox"/> Add
		<u>SAINT JAMES City, FL 33956</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>THE 1031 Exchange CONNECTION INC</u>	<u>9400 FOUNTAIN MEDICAL CT</u>	<input type="checkbox"/> Add
		<u>SUITE B-100</u>	<input checked="" type="checkbox"/> Remove
		<u>BONITA SPRINGS, FL 34135</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2019 JUN 01 AM 8:26  
MILWAUKEE, WISCONSIN  
ST. JAMES

2021 JUN 14 AM 8:26  
TALLAHASSEE, FLORIDA

2021 JUN 14 AM 8:26  
TALLAHASSEE, FLORIDA

(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 605.0207 (3)(b)

If 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 record is filed.

None  
Signature of a member or authorized representative of a member

NACE COHEN  
Typed or printed name of signee