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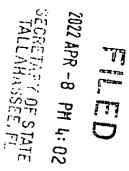
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tava Ellis, 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:
Taya Ellis Name of Person
Tara Elis, LLC Firm/Company
6073 Graysen Sq.
Vero Beach, FL 32967 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tara Ellis at (407) 416-4878 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee Certificate of Status Certified Copy (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

2022 APR -8 PM 4: 02
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ability Company as it now appears on our record orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>Jan. 5</u>, <u>2021</u> and assigned Florida document number <u>L 21000012774</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tara Christine Ellis LLC

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

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.

City

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
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If an eff	ive date, if other than the date of filing:
e recor	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Taya Ellis Typed or printed name of signee