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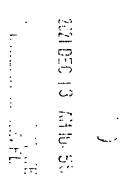
(Requestor's Name)	_
(Address)	_
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A. BUTLER

JAN - 3 2022

COVER LETTER

	tration Section of Corp			
SUBJECT: _	TAJ	Name of Limi	estments LLC ted Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	· nitted for filing.	
Please return a	Il correspon	dence concerning this matter t	to the following:	
		DARlene-	RIVERS Name of Person	
			Firm/Company	
		19029 US +	My 19N, #9-	-406
		<u>Cleaewater</u> <u>dthomasri</u>	City/State and Zip Code VERS 6 6 9 MA 6 o be used for future annual report noti	il. com
For further infe	ormation co			tication)
		River S Person	at (904) 742	-2974 ne Telephone Number
Enclosed is a c	heck for the	following amount:		
♀ \$25.00 Fil	ing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

TAJ FAMILY INVE	eny as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 10000 15 69</u> 9	were filed on $1/5/2027$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Determined To Pise LL The new name must be distinguishable and contain the words "Limited Liabil	\mathcal{C}
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	19029 45 Hwy 19, N #9-406 Cleaewater, FL 33764
(Principal office address MUST BE A STREET ADDRESS)	# 9-406
	Cleaewater, FL 33764
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBN 2746 LARGO, FL 33779
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 registered
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
	N/A		
			□Remove
			□Change
	.		□Add
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
<u></u>			
	•		Remove
			□Change

	<i>N/ A</i>
-	
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Note: If the date in	sted, 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) serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the e date on the Department of State's records.
e record specifies a order of the control of the co	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	