## 421000021998

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con			
	TA3 //0,		` <b>a</b>
SUBJECT#	TA3 LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Marcela	Bredova	
	<u> 793 22</u>	Firm/Company	
	16 CORA	L WAY	20
		Address	22.02
	Ley Wes	TEORING 330  City/State and Zip Code	<u>40</u> 5
		City/State and Zip Code	
	Marceh br E-mail address:	(to be used for future annual report no	tilication)
For further information of	concerning this matter, please	call:	
Marcela Bre	clar g	at ( <u>305</u> ) 619	3878
	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration bivision of C		Registration S Division of Co	
P.O. Roy 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

713 220 (Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company Florida document number 42100021998.	were filed on <u>12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 </u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	; <del></del>	PR T
	<del>.</del> .	
Inter new mailing address, if applicable:		···• .
Mailing address MAY BE A POST OFFICE BOX)		
	<del>- 、</del> - ·	1.0
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the name</u>	of the new regis
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 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
1488	JARCOLAN BREDA	16 CORAL WAY	
		16 CORAL WAY  KLYNEST FL 33040	
			☐ Change
		<u> </u>	🖾 Add
			□Remove
			Change Change 22 D Add
			G Remove
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effective date is listed, the date must be specific and cannot be a		g or more than 90 day		
(e: If the date inserted in this block does not meet the ap ument's effective date on the Department of State's reco		y filing requiremen	s, this date w	ill not be listed
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01	a.m. on the earlier	of: (b) The <sup>c</sup>	90th day after th
ed 12 105 / 22	·			
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(m. au)				