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2024 DEC -4 PH 2: 5

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COVER LETTER

Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following:
Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following:
erning this matter to the following:
RA GARCIA
Name of Person
⁷ , P.A.
Firm/Company
CE DE LEON BLVD. STE 1105
Address
GABLES, FL 33134
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
s matter, please call:
at () Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
imount:
Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. icate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 44DF2EB4-155E-4723-9C7D-3BF44E395BB4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAURUS INVESTMENT OF FLORIDA, LLC	•			Fr
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appe	ars on our rece	ords.)	- :
(A Florida Lim	ited Liability Company)) 2	2024 NEC _1	DW -
	L.	FCEMBER 2	2024 DEC -4 8, 2020	PH 2: 52
The Articles of Organization for this Limited Liability Comp	pany were filed on _			PM 2: 52 and assigned UPSTATE SEE, FL
Florida document number			TALLAHES	UE STATE
riorda document namber				oce, FL
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	here:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "L	LC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:				
• • •				
(Principal office address MUST BE A STREET ADDRESS	ภ			
Enter new mailing address, if applicable:				
	•			
(Mailing address MAY BE A POST OFFICE BOX)				
D 10	e 11	• .		r.,
B. If amending the registered agent and/or registered off	ice address on our	records, ent	er the name o	the new registere
agent and/or the new registered office address here:				
Name of New Registered Agent:				
traine of New Registered Figure.	-,			
New Registered Office Address:				
	Enter Flo	orida street add	ress	
		,	Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:			
I haraby account the approintment as remistered amont and	come to get in this	s connector L	further acrees	to comply with the

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

Docusign Envelope ID: 44DF2EB4-155E-4723-9C7D-3BF44E395BB4
To amending Authorized rerson(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
MGR	ROSALBA ARIAS	1000 BRICKELL PLAZA, PH 5608	□Add
		MIAMI, FL 33131	
MGR	STELLA LOPEZ ARIAS	1000 BRICKELL PLAZA, PH 5608	□Change
		MIAMI, FL 33131	
			Remove
			⊠Change
		□Add	
			□Remove
		□Change	
			□Remove
			
			🗆 Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change

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(If an effec <u>Note:</u> II	e date, if other than the date of filing:
ne record ord is filed	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 d.
ь :	12/2/2024 Firmado por:
Dated _	5EC5DEA809974B5
	Signature of a member or authorized representative of a member
	STELLA LOPEZ ARIAS
	Typed or printed name of signee

Filing Fee: \$25.00