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(Business Entity Name)	:
(Document Number)	
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COVER LETTER

·TO:

TO: Registration S Division of Co			
	OLDINGS 5100, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JERRY A. BORBON		
		Name of Person	
	BAUER GUTIERREZ &	BORBON PLLC	
		Firm/Company	
	814 Ponce de Leon Blvd,	Suite 210	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	jerry@bgblawgroup.com		
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	
Jerry A. Borbon		305 340-5959 at ()	
Name (of Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ . Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahass	see
Tallahassee,	FL 32314	2415 N. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAPIA HOLDINGS 5100, 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 4/15/2021 and assigned Florida document number ______L21000176428 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 "LLC." 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: SANDRA SILVA Name of New Registered Agent: 6791 NW 22nd Avenue, Apt #9 New Registered Office Address: Enter Florida street address _, Florida 33147 Zip Code Miami

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.

Sandra Silva
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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
-			□Add
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			□Remove
			Change

	
	
	
 	
If an effective date is listed, the da	ne date of filing:(optional) sust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on	Department of State's records.
e record specifies a delayed en rd is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 8	2021
	Signature of Amember of authorized representative of a member
	Signature of a member or authorized representative of a member
	•
Jerry A. Borbon	

Filing Fee: \$25.00