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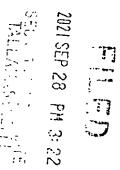
(1	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone #)	
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(1	Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT:OA	Name of Limit	TARCA, JR.,	L.L.C.	
The enclosed Articles of Amendr	nent and fee(s) are subn	nitted for filing.		
Please return all correspondence	concerning this matter to	o the following:		
	DONALD E	Name of Person	/	
	DONALD E	Name of Person TARCA, JR Firm/Company	L., L.L.C.	
70	86 S.W.	25TH PLACE		
<u> 2</u>	MUTON BEN	ACH, FLORIDA City/State and Zip Code	33426	
$\overline{\mathcal{D}}$	ON_TARCA	e HoTMiL. COM	•	
For further information concerning				202
DEBORAH L. B	ALTA	at (508) 846-	9173 Felephone Number) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Name of Person		Area Code Daytime		
Enclosed is a check for the follow	ring amount:		∵, ↔ ∵, ↔	
, -	0.00 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: Registration Section		Street Address: Revistration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

DONALD			, L.L. C	. •	
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company v	vere filed on 4-	-16- aoa1	and ass	signed
Florida document number L 210000 1					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) pailing address, if applicable: fress MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here: DONALD E. TARCA, JR. Registered Office Address: Prove Registered Office Address: DONALD E. TARCA, JR.				
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the desi	ignation "LLC" or the	abbreviation "1	L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET.ADDRESS)			<u>US</u>	2 <u>~</u>
				53.5	
Enter new mailing address, if applicable:				<u> </u>	CO :
(Mailing address MAY BE A POST OFFICE	(BOX)			• 	<u> </u>
				· · · · · · · · · · · · · · · · · · ·	
				17 <u>- 17</u>	2
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ess here:	ldress on our rec	ords, <u>enter the na</u>	<u>me of the nev</u>	v registered
Name of New Registered Agent:	DONAL	DE. T	ARCA, JI	r.	
New Registered Office Address:	1086 SI			· · · · · · · · · · · · · · · · · · ·	
	BOYNTON	_	street address , Florida _	2242 <i>6</i>	,
	<u> </u>	City	, r iorida _	Zip Code	
N D 1 A 42 - C1 A 16 -1 1	D 14 14 4				

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
MGR	DEBORAH L. BALTA	1086 SW 25 TH PLACE	MALL DET
		BOYNTON BEACH, FL 334	2.6 □Remove
			Change
			□Add
			□Remove
			☐ Change
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te: If the date inserted in this block does not cument's effective date on the Department of	and cannot be prior to date of filing or more than 90 days aft t meet the applicable statutory filing requirements, t f State's records.	his date will not be listed a
is filed.	ot an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
ned JULY 15	2021	

Filing Fee: \$25.00