

6/8/2021

**L210002260083253**

Florida Department of State  
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((H21000226008 3))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TALLER MIL LLC

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6/8  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLER MIL 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 MAY 11, 2021 and assigned Florida document number L21000213253.

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)

8350 NW 52nd Terrace

Suite 301

Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8350 NW 52nd Terrace

Suite 301

Doral, FL 33166

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:

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

8350 NW 52nd Terrace

*Enter Florida street address*

Doral

Florida

*City*

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 603, 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

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FLORIDA

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>                    | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------------------|----------------------|--------------------------------------------|
| AMBR         | Maricel D Rodriguez            | 8350 NW 52nd Terrace | <input type="checkbox"/> Add               |
|              |                                | Suite 301            | <input type="checkbox"/> Remove            |
|              |                                | Doral, FL 33166      | <input checked="" type="checkbox"/> Change |
| AMBR         | Marcos Antonio Aguilar Alvarez | 8350 NW 52nd Terrace | <input type="checkbox"/> Add               |
|              |                                | Suite 301            | <input type="checkbox"/> Remove            |
|              |                                | Doral, FL 33166      | <input checked="" type="checkbox"/> Change |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, 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)(b) if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If no effective date is listed, this date will not be listed as the effective date.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 7

2021

Signature of a member or authorized representative of a member

Maricel D. Rodriguez

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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