## 

	(Requestor's Name)
	(Address)
	,
	(Address)
	(riddicas)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	e to Eiling Officer
Special instruction	s to Filing Officer.
	Office Use Only
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		·
TARG LLC	•		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Randi Gomillion-Johns		
		Name of Person	
		Firm/Company	
	838 50th Ave So.		
		Address	
	Saint Petersburg Fl. 33705		
	randig03@aol.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Randi Gomillion-Johns		727 422-1838	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			25
Mailing Addres		Street Address:	
Registration !		Registration Sec	
Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited L Florida document number L21000322237	iability Compa	ny were filed on July 15, 2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		N/A	
Enter new mailing address, if applicable: <i>(Mailing a<u>ddress MAY BE A POST OFFICE</u></i>	CE BOX)		
muning dudiess MAT BEAT OF CHIEF	2074		
B. If amending the registered agent and/or agent and/or the new registered office addr		ce address on our records, <u>enter the</u>	name of the new register
	<del></del>		• • • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:	N/A		<u> </u>
			24
New Registered Office Address:		Enter Florida street address	
		, Floric	la
		City	Zip Code

lew Registered Agent's Signature, it changing Registered Agent:

TARG LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
MGR	Randi Gomillion-Johns	838 50th Ave So. St. Petersburg Fl. 33705	<b>®</b> Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			CChange
			□Add (j)
			□Remove
			Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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•		
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		(
	,	
Note:	tive date, if other than the date of filing: (optional)	3207 (3)(b d as the
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the
Dated	August 5 Signature of a member of authorized representative of a member	
	Randi Gomillion-Johns	
	Typed as printed name of suppo	

Filing Fee: \$25.00