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COVER LETTER

Division of Corporations	
SUBJECT: Taras Office LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
My Co Momplaisir Name of Person	-
Firm/Company	_
7508 Hidden Hollow drive	-
City/State and Zip Code HAVE TRUSS @ GMAIL. Co M E-mail address: (to be used for future annual report notification)	[Fig. 1, 15, 1] 2022 FEB 18 PH 2: 40
For further information concerning this matter, please call:	PH 2:
My Co Momplaisin at (407) 923-4363 Name of Person Area Code Daytime Telephone Number	50
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 12100333483.		and assigned:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
the Receptionists L	LC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7618 Sun Vista La Orlando FC 32822	9
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32822	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7508 Hidden Hollow	udnte 122
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

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
<u>_</u>		·	□Add
			□Remove
			□Change
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(If an ef Note:	ive date, if other than the date of filing:
he recor	rd 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 led.
Dated	February 14th 2022. Telowary 14th 2022.
	and Month risk
	Signature of a prember or authorized representative of a member
	Myco MomplaisiR Typed or printed name of signee
	C 15 1 1 1/23 1 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1