L21000343102

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2021 OCT 11 PM 7: 1
SECRETARY OF SEA

COVER LETTER

TO: Registration Se Division of Cor				
	и HARBOR, 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	ondence concerning this matter	to the following:		
	JAMES P. REDDING, ES	Q.		
		Name of Person		
	GREENBERG TRAURIG	LLP		
		Firm/Company		
	ONE INTERNATIONAL	PLACE - 20TH FLOOR		
		Address		
	BOSTON, MA 02110			
		City/State and Zip Code		
	REDDINGJ@GTLAW.CO			
	·	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
JAMES P. REDDING		617 310-6061		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TAG PALM HARBOR, LLC

SECRETARY OF STATE TALLAHASSEE, FURNI

(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 //28/2021	and assigned
Florida document number L21000343102		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	"or the abbreviation "L.L.C."
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)		
[Mulling duaress MAT BE AT OST OFFICE DOA]		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter t</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
_ _	Enter Florida street address	,
		rida
	City	Zip Code

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 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>	<u>Address</u>	Type of Action
MGR ROBERT F. TASCA, JR.	ROBERT F. TASCA, JR.	33 SHARPE DRIVE	
		CRANSTON, RI 02920	□Remove
			Change
MGR CAR	CARL A. TASCA	33 SHARPE DRIVE	≅ Add
		CRANSTON, RI 02920	□Remove
			Change
MGR	DAVID J. TASCA	33 SHARPE DRIVE	≡ Add
		CRANSTON, RI 02920	□Remove
			□Change
AMBR	DAVID J. TASCA, JR.	33 SHARPE DRIVE	□Add
		CRANSTON, RI 02920	≅Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove
			□ Change

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	
•	
Note:	tive date, if other than the date of filing:(optional) Tective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
reco 1 is fi	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 iled.
ated	OCTOBER 8, 2021
aicu	
	Signature of a member or authorized representative of a member
	DAVID J. TASCA, JR. Typed or printed name of signee

Filing Fee: \$25.00