L21000343112

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COVER LETTER

то:	Registratio Division of	n Section Corporations					
CUBIE		CLEARWATER, LL	.c				
SUBJEC	۱:	<u></u>	Name of Lim	nited Liability Com	pany		
The encl	osed Article	s of Amendment an	d fee(s) are sub	omitted for filing.			
Please re	turn all corr	espondence concern	ning this matter	to the following:			
		JAMES P.	REDDING, ES	Q.			
				Name of Pe	rson		
		GREENBE	RG TRAURIG	LLP			
			<u> </u>	Firm/Comp	any		
		ONE INTE	RNATIONAL	PLACE - 20TH I	FLOOR		
Address							
		BOSTON,	BOSTON, MA 02110				
			-	City/State and Z	ip Code		
			@GTLAW.CO	M to be used for futur		iii	
					e annuai report no	nneation	
For furth	ier informati	on concerning this	natter, please c	all:			
JAMES	P. REDDIN	IG		617 at (310-6061)		
	Na	me of Person		Area C	ode Daytii	ne Telephone Number	
Enclosed	I is a check t	for the following an	ount:				
■ \$25.	00 Filing Fe		iling Fee & ate of Status	S55.00 Fili Certified ((additional c		Certified C	of Status &
	_	on Section of Corporations		ī I	Street Address: Registration So Division of Co The Centre of	rporations	
		ee, FL 32314				pe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 11 PH 7: 11

SECRETARY OF STATE TALLAHASSEE, FLUE

TAG CLEARWATER, 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	vere filed on <u>7/28/2021</u>	and assigned
Florida document number L21000343112		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ldress on our records, <u>enter</u>	the name of the new registered
	Enter Florida street addres	2
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, an covided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is

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	ROBERT F. TASCA, JR.	33 SHARPE DRIVE	BAdd
		CRANSTON, RI 02920	□ Remove
			Change
MGR	CARL A. TASCA	33 SHARPE DRIVE	
		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	
		CRANSTON, RI 02920	 ■Remove
			Change
			□Add
			□Remove
			Change
			□Add
	<u>-</u>		□Remove
			∏Change.

11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
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 the filed.
Date	1 OCTOBER 8, 2021
	Signature of a member or authorized perfesentative of a member
	SIRIMITE OF MICHIGAN OF AUTHORIZED PERSONNELLE OF A HISTORIA

Filing Fee: \$25.00