

L21000343112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

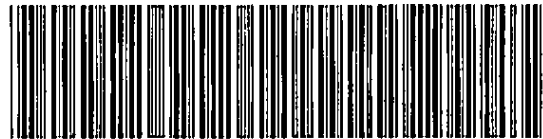
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAG CLEARWATER, 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:

JAMES P. REDDING, ESQ.

\_\_\_\_\_  
Name of Person

GREENBERG TRAUIG LLP

\_\_\_\_\_  
Firm/Company

ONE INTERNATIONAL PLACE - 20TH FLOOR

\_\_\_\_\_  
Address

BOSTON, MA 02110

\_\_\_\_\_  
City/State and Zip Code

REDDINGJ@GTLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES P. REDDING

at ( 617 ) 310-6061

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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



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>
MGR	ROBERT F. TASCA, JR.	33 SHARPE DRIVE	<input checked="" type="checkbox"/> Add
		CRANSTON, RI 02920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARL A. TASCA	33 SHARPE DRIVE	<input checked="" type="checkbox"/> Add
		CRANSTON, RI 02920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID J. TASCA	33 SHARPE DRIVE	<input checked="" type="checkbox"/> Add
		CRANSTON, RI 02920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID J. TASCA, JR.	33 SHARPE DRIVE	<input type="checkbox"/> Add
		CRANSTON, RI 02920	<input checked="" 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.)*

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E. 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)

**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 OCTOBER 8, 2021 \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

DAVID J. TASCA, JR.

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00