h21000359821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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O SIMMONS
MAR 23 2022



January 21, 2022

TARA LAXER 21675 FALL RIVER DR. BOCA RATON, FL 33428

SUBJECT: T LAXER CONSULTING LLC

Ref. Number: L21000359821

We have received your document for T LAXER CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00001607

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor T Laxer Co	RECEIVED		
SUBJECT:	2022 FEB 15 AM 8: 04		
			SECRETARY OF TORES
The enclosed Articles of	SECRETARY OF STATE TALLAHASSEE, FL		
Please return all correspo	ndence concerning this matter	to the following:	
	Tara Laxer		
		Name of Person	<u></u>
	T. Laxer Consulting		
		Firm/Company	
	21/75 F H 6' - D	Time Company	
	21675 Fall River Dr		
		Address	
	Boca Raton Fl 33428		
		City/State and Zip Code	
	tlaxer@yahoo.com	to be used for future annual report notifice	45.5
For further information c	oncerning this matter, please co		HIOH)
Tara Laxer		561 289-6031	
Name of Person		at ()	elephone Number
, 4			
Enclosed is a check for the	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 Registration 9		Street Address: Registration Secti	on
Division of Corporations		Division of Corpo	prations
P.O. Box 6327		The Centre of Tal	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION * 2 OF

2022 FEB 15 AH 9: 02

T Laxer Consulting			
(Name of the Limit	led Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L21000359821	iability Company	were filed on 8/10/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		21675 Fall River Dr	
		Boca Raton Fl 33428	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21675 Fall River Dr Boca Raton Fl 33428	
B. If amending the registered agent and/or i		address on our records, enter the	name of the new register
agent and/or the new registered office addre		<u></u>	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	21675 Fall Riv	er Dr	
		Enter Florida street address	
	Boca Raton	Florid	a 33428

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.

Cirv

Zip Code

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>	Name	Address	Type of Action
		.	□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 January 6 2022 Signature of a member or authorized representative of a member

. ■,

Tara Laxer

Filing Fee: \$25.00

Typed or printed name of signee