

h21 000359821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

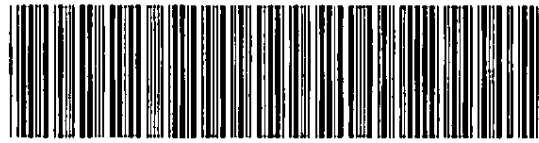
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB 15 AM 9:12
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MAR 23 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 622A00001607

COVER LETTER

**TO: Registration Section
Division of Corporations**

RECEIVED

SUBJECT: T Laxer Consulting LLC
Name of Limited Liability Company

2022 FEB 15 AM 8:04

**SECRETARY OF STATE
TALLAHASSEE, FL**

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tara Laxer
Name of Person
T. Laxer Consulting
Firm/Company
21675 Fall River Dr
Address
Boca Raton Fl 33428
City/State and Zip Code
tlaxer@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Laxer 561 289-6031
Name of Person at () 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2022 FEB 15 AM 9:02

T Laxer Consulting

(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 8/10/2021 and assigned Florida document number L21000359821.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

21675 Fall River Dr

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton Fl 33428

Enter new mailing address, if applicable:

21675 Fall River Dr

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton Fl 33428

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

21675 Fall River Dr

Enter Florida street address

Boca Raton

Florida 33428

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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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