10/14/24, 4:50 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000344137 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543 \*\*Enter the email address for this business entity to be used for £uture annual report mailings. Enter only one email address please \*\*\* Email Address: renewals@barbosalegal.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAPARELLO LLC Certificate of Status Certified Copy

05 Page Count Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

## **COVER LETTER**

(((H24000344137 3)))

TO: Registration Section Division of Cor	porations		
Taparello I	.t.c		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Erika Kitaoka da Silva		
		Name of Person	
	Barbosa Legal		
		Firm/Company	
	407 Lincoln Road PH-NE		
		Address	
	Miami Beach, FL 33139		
	renewals@barbosalegal.com	City/State and Zip Code  11 to be used for future annual report noti	(Vestion)
For further information c	oncerning this matter, please c		neuron)
Erika Kitaoka da Silva		305 501-4680	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000344137 3)))

Taparello LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it new appears on our l Liability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	and as	ssigned
lorida document numberL21000391939	<del></del> ,			
his amendment is submitted to amend the foll	owing:			
If amending name, enter the new name o	f the limited liab	ility company here:		
\$/A				
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "	L.L.C."
Inter new principal offices address, if applic	rable:	407 Lincoln Rd		
(Principal office address MUST BE A STREET ADDRESS)		PH-NE		
		Miami Beach FL 33139	28	i
Inter new mailing address, if applicable:		407 Lincoln Rd	24 OCT	7
Mailing address MAY BE A POST OFFICE	RON	PH-NE	\$ <b>=</b>	<u></u>
stating maress MAT BLAT OST OTTICL BOX		Miami Beach FL 33139	3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	m
3. If amending the registered agent and/or i	rogistared affice :	address on our records	enter the name of <b>the</b> ne	ow regist
gent and/or the new registered office addre		address on our records, s	T)	E)
Name of New Registered Agent:	Barbosa Legai			
New Registered Office Address:	407 Lincoln Ro	PH-NE		
		Enter Florida street	address	
	Miami Beach		_, Florida	
		Ciņ	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.

/S/ Edwin Cisneros on behalf of Barbosa Legal

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>	Name	Address	Type of Action
MGR	Barbosa Legal	407 Lincoln Rd	<b>≘</b> Add
		PH-NE	□Remove
		Miami Beach FL 33139	[]Change
MGR	SEVILLA SERVICES INC.	P.O. BOX 140668	
		CORAL GABLES	■Remove
		FL 33114-0668	□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(((H240003441373)))

N/A				
				<del></del>
				·····
			<del></del>	
			<del> </del>	
	***	<del> </del>		
				<del></del>
		····-		
fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the December 1.	be specific and cannot be priced to does not meet the appl	icable statutory filing re-	(optional) han 90 days after filing.) Pursuant t quirements, this date will not be	o 605,0207 e listed as
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day	after the
October 14	2024	·		
	Edwin Cisneros			
	Consture of a member or aut	horized representative of a	member	_
	rightatate of a member of day		1710111001	

Filing Fee: \$25.00

(((H240003441373)))