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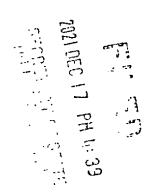
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

TANGER SUBJECT:	INE SPA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	JAVIER E GUZMAN VE	LASCO	
		Name of Person	
	TANGERINE SPA LLC		
		Firm/Company	
	19370 COLLINS AVE AI	ΥΓ 1014	
		Address	
	SUNNY ISLES BEACH.	FL 33160	
		City/State and Zip Code	
	USTUEMPRESA@GMAII		
	E-mail address; (	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
JAVIER E GUZMAN V	VELASCO	786 340-0372 at ( )	
Name	of Person .	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of G P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION TO

TANGERINE SPAULC

2021 DEC 17 PH 4: 39

Twante year. Dan	(A Florida Limited		REALTY OF STAFF
The Articles of Organization for this Limited	Liability Compan		
lorida document number 1.21000404981			<u> </u>
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	bility company here:	
NA.			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA	
Principal office address MUST BE A STRE	ET ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
3. If amending the registered agent and/or gent and/or the new registered office addr  Name of New Registered Agent:		address on our records	, enter the name of the new regis
Name of New Registered Agent.			
New Registered Office Address:	NA		
		Enter Florida stree	et address
	NA		Florida <sup>NA</sup>
		City	Zip Code

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>	Address	Type of Action
AMBR	DISNEY C ZAMBRANO GARCI/	19370 COLLINS AVE APT 1014	<b>≣</b> Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
NA	NA	NA	□Add
			□Remove
		·	□ Change
NA 	NA	NA	
			□ Remove
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record specifies a delayed of The 90th day after the recor	effective date, but n d is filed.	ot an effective tin	ne, at 12:01 a.m. on	the earlier
ted	. 2021	·		
		GUZMAN  Notized representative of	а тетьег	···

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