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DIVISION OF COMPORATION 03

T. MATTHEWS JUN - 9 2022

COVER LETTER

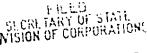
TO: Registration Section Division of Corporations
SUBJECT: 1a and ASSOCIATES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammi M. Hughus Name of Person
Taja and Associates LLC Firm/Company
801 S Fremont Ave
Tampa Fa 33606 City/State and Zip Code Tamminal Damail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammi M. Hughes at 813, 817-3338 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF



22 APR 22 AM 10: 03

Taja and Asso	sciates.L	.(C
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L21000478278}$	were filed on	4 20 2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
		, Florida
	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 veing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

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
AP	John J. Kevorkian III	- 2605 Ulmerton Rd #25	□ ∧dd
		Clearwater, FL 33762	[VRemove
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effective d	date, if other than the date of filing:	(DE DO
<u>Note:</u> If th	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not	be listed a
document's	s effective date on the Department of State's records.	
e record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	ay after the
	4//	
Dated	4/20/2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00