## 121000499105

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2021 DEC -6 PM 6: 16

SECRETARY OF STATE

CALLAHASSEP F. ST

## **COVER LETTER**

TO:	Registration Se Division of Cor		;					
euo u		INTERNATIONAL LLC	·					
SUBJE	Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		MIGUEL A. GUDINO						
			Name of Person					
		••	Firm/Company					
		7741 NW 7 TH ST, APT 8	312					
		······································	Address	<del></del>				
		MIAMI, FL 33126						
		TARABAZ199@GMAIL.C						
For fur	ther information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report	notalication)				
MIGU	EL A GUDINO		786 961-2183					
	Name o	of Person	at () Area Code Day	time Telephone Number				
Enclos	ed is a check for the	he following amount:						
<b>=</b> \$2	5.00 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		Street Address	<b>-</b>				
Registration Section Division of Corporations			Registration Division of 0					
	P.O. Box 632			of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 DEC -6 PH 6: 16

TARABAZ INTERNATIONAL LLC

SECRETARY OF STATE

(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 L	iability Company	were filed on L21000	499105 and assigned
Florida document number 1,21000499105			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
TARABAZ INTERNATIONAL LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3935 NW 26 TH ST	MIAMI FL 33142
(Principal office address MUST BE A STRE)	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office address.	• • • • • • • • • • • • • • • • • • • •	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	MIGUEL A GU	JDINO	
New Registered Office Address:	MIGUEL A GU	JDINO	
New Registered office Address.		Enter Florida s	treet address
	MIAMI		, Florida 33142 Zip Code
		Ciţy	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p registered office	performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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	MIGUEL A GUDINO	7741 NW 7 TH ST APT 812 MIAMI FL 33126	<b>≘</b> Add
			□Remove
		<del>-</del>	□Change
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
			□ Change
			□Add
		-	□Remove
			□Change
		<del>-</del>	□Add
			□Remove
			□Change
			[]Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change

1 3	NEED TO APPEAR AS AN AUTHORIZED PERSON TO OPEN A BANK ACCOUNT
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m effe o <u>te:</u>	re date, if other than the date of filing:
ecore is file	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 ed.
_	2/01 2021
ated _	- Vialento bal
	Senantic of a member or authorized representative of a member
	Miguel A Gwino Typed or printed name of signee

Filing Fee: \$25.00