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SECRETARY OF STATE
TALLAHASSEE, FL

an

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	POBERT ShAShATY Name of Person		
	ranc of reason		
	Firm/Company		
	2250 3Kd PL SW		
	Audicas		
	UERO BEACH, FL 32962		
	UERO 13each, 1-C 32962 City/State and Zip Code RobshashaTy@gmaic-com E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:	M OCT	
	Robert ShashaTy at (917) 612- 2674  Name of Person Area Code Daytime Telephone Number	ARY OF	
Enclos	ed is a check for the following amount:	FILLLU 2024 OCT -2 AM 8: 37 SECRETARY OF STATE TALLAHASSEE, FL	
⊠ \$2	E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:	ing Fee, c of Status & Copy 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

TARO HX	dinas LLC	2		
(Name of the Limited Liability Comp (A Florida Limited	panyas it now appea Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	MAY 4, 2022 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the c	designation "LLC" 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:		2024 SEC		
(Mailing address MAY BE A POST OFFICE BOX)		ARE B		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	records, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
	724	, Florida		
New Registered Agent's Signature, if changing Registered Agent	City	Zip Code		
I have be a sent the	<u>.</u>			

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 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

Title	Name	Address	Type of Action
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\_\_\_\_\_ Change

	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note	ctive date, if other than the date of filing:	5.0207 (3)(b) ted as the
If the recore is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	er the
Dated	1 Septem Bei 26 . 2024	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Kolsert ShashaTy Typed or printed name of signee	

Filing Fee: \$25.00