

L22000201238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

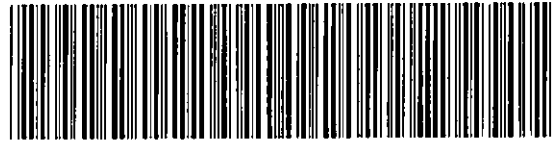
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100403169021

CL 1711 1004-018 *4000

FILED
2023 MAR -6 AM 9:26
STATE
FL

RECEIVED
2023 MAR -6 PM 3:46
ALLAHASSEE, FL 32009

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from acct: ~~1202100000160~~ AMOUNT (see attached payment)

AUTHORIZATION: James Fullin

Tagada, LLC 1.220000201238

Business Name

Document #

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE

Country

AMMENDMENTS

☒ Amendment
☐ Resignation
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 MAR -6 AM 9:26

TAGADA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
OF FL

The Articles of Organization for this Limited Liability Company were filed on 05/13/2022 and assigned
Florida document number L22000201238.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARDILLA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

None

2023 JAN -6 AM 9:26
STATE
FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____ January 31, 2023

Signature of a member or authorized representative of a member

Jaime Assael

Typed or printed name of signee

Filing Fee: \$25.00