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COVER LETTER

TÒ:

TO: Registration: Division of Co			
SUBJECT:	ake 2 Of Fl	orida LLC	••
	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aliosa V	Name of Person	
	Take 2	OF Florid	ia LLC
	JA Black	Cherry Creek	Drive
	Saint Cl	City/State and Zip Code	17109
	Quinste E-mail address: (y 8270 JCh 00 to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Alissa	of Person	at (407) 3107- Area Code Daytimo	GOO T Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	tion
•	Corporations	Division of Corp	
P.O. Box 63	327	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Take	2 of	Florida	LLC		
(Name of the Limited)	Liability Company Florida Limited Liab	as it now appears on o olity Company)	ur records.)		
The Articles of Organization for this Limited Liabi			91/9093	and assign	ed
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabilit	y company here:			
The new name must be distinguishable and contain the word	NS Re s "Limited Liability	Company, The designation	tion "LLC" or the abbre		.,,
Enter new principal offices address, if applicabl	e: _		TAL	PT 022 AI	
(Principal office address MUST BE A STREET A	ADDRESS)			<u> </u>	<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 'X') _		ASSEE, FL	3 PH 12: 48	1 5
B. If amending the registered agent and/or registered office address h		lress on our record	s, <u>enter the name c</u>	of the new re	<u>gistere</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida str	eet 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

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
			□Add
			Remove
			Change
			□Remove
			□Change
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			Change
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			□Change

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Effect	ve date, if other than the date of filing:
(If an eff <u>Note:</u>	ent's effective date on the Department of State's records.
(If an eff Note: docum	ent's effective date on the Department of State's records. d 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
(If an eff Note: docum ne recor ord is fil	ent's effective date on the Department of State's records. d 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.
(If an eff <u>Note:</u> docum	d 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.

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