

L22000246316

(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:

need sig on  
last pg.  
nc 12/19/24

Office Use Only



200439127552

11/08/24--01010--023 \*\*25.00

2024 DEC 19 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*MR*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2024

SEBASTIAN ROJAS  
4350 W KENNEDY BLVD APT 13  
TAMPA, FL 33609 US

SUBJECT: MY SKI FUN RENTAL LLC  
Ref. Number: L22000246316

We have received your document for MY SKI FUN RENTAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 924A00026451

2024 DEC 19 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*Lucy*

12/19/24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

my ski fun rental llc

(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 Liability Company were filed on 05/27/2022 and assigned  
Florida document number L22000246316.

This amendment is submitted to amend the following:

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

Tantam Enterprises

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:

n/a

*Enter Florida street address*

City

Florida

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 attaching 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED  
024 DEC 19 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

the purpose of the company to be describe or re assign for consulting services 541618

E. Effective date, if other than the date of filing: n/a (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.

(b) The 90th day after the record is filed.

Dated may 27

2022

Signature of a member or authorized representative of a member

sebastian rojas

Typed or printed name of signee

FILED  
2024 DEC 19 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL  
Page 11 of 11  
605.0207 (3)(b)  
will not be listed as the