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From:

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Account Number : 120220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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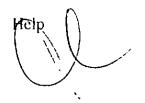
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TACJ PROPERTIES FOR GROWTH LLC

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Page Count	06
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Electronic Filing Menu

Corporate Filing Menu



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SUBJECT:		IES FOR GROWTH LLC ited Liability Company			
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	JAC	QUELINE A ZAMBRANO			
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	TACJ PR	OPERTIES FOR GROWTH LLC			
		Firm/Company	****		
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		Address		2022 SEI	
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	E-mail address: (	to be used for future annual report notif	fication)		O
For further information c	oncerning this matter, please ca	all:		Fig. 3	
JACQUELINE A	A ZAMBRANO	at ( 407 )	399-1707		
Name o	f Person	Area Code Daytime	e Telephone Number		
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Per grant Reg : Div : no (10) Tul : has:

## TO ARTICLES OF ORGANIZATION OF

TACJ PROPERTIES FOR GROWTH LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company L22000397031  Location L22000397031	y were filed on _	SEPTEMBER 12, 202	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		······································	72 \$
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			SSS R
Enter new mailing address, if applicable:			my A
(Mailing address MAY BE A POST OFFICE BOX)			777 3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida _	
• • • • • • • • • • • • • • • • • • • •	City		Zip Code
	<u>ı:</u>		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and is 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

compe

## vi temoveu irom our recorus.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address			Type of Action	<u>on</u>
MGR	WILSON GONZALEZ SAN JOSE	-	4909 FISKE CIR			□Add	
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