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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484

Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAY HOME LLC

Certificate of Status	1
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K. SALY

NOV = 7 2024

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Registration Section

TO:

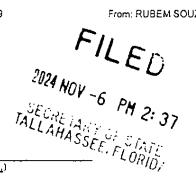
## **COVER LETTER**

Division of Cor	porations						
TAY HOM	IE LLC						
SUBJECT:Name of Limited Liability Company							
m		tu ie ee					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following.					
	Rubem Souza						
	Name of Person						
	Medeiros Souza corp						
		Firm'Company					
	1711 Amazing Way, Ste 2	13					
		Address					
	Opoce, FL 34761						
		City/State and Zrp Code					
	contact@medeirossouza.co	m to be used for future annual report not	-Continued				
For further information c	oncerning this matter, please c		The action,				
	theeling in thater, prease c						
Rubeni Souza		407 326 - 8484 at ()					
Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for th	ne following amount:						
☐ \$25.00 Filing Fee	■ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address		Street Address:	kutina				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monre	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TAY HOME LLC

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

The Articles of Organization for this Limited I		were filed on 02/20/2023	and assigned	
Florida document number L23000088560				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited ligh	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation "LLC	C" or the abbreviation "L L.C"	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
	<del></del>			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter</u>	r the name of the new registered	
Name of New Registered Agent:	MEDEIROS SOUZA CORP			
New Registered Office Address:	1711 Amazing Way, Ste 213  Enter Florala street address			
	Ococe	, F	lorida <u>34761</u>	
	· · · · · · · · · · · · · · · · · · ·	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

From: RUBEM SOUZA

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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	COIMBRA, ADRIANA	14554 BRIDGEWATER CROSSINGS BLVD	□ Add
		WINDERMERE, FL 34786	
			UChange
			□ ∧dd
			The move
			SSET GANDE
			2: 31
			(TChange
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			LI Remove
			□ Change
			🗆 Add
		□Remove	
			UChange

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

From: RUBEM SOUZA

Typed or printed name of signee