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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

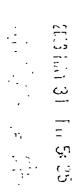
Office Use Only

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COVER LETTER

Division of Cor	rporations		
SUBJECT: TAZ	23 INVEST	TMENTS LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anna	Name of Person	
		Firm/Company	. <u>. </u>
		Address	
	Pembrok	e Pines, FL City/State and Zip Code + ruong 7700 to be used for future annual report notific	33332
	E-mail address: (1	to be used for future annual report notific	caron)
For further information of	concerning this matter, please ca		
Anna Tr	wong	at (954) 643 Area Code Daytime	- 7394 Telephone Number
Enclosed is a check for t	he following amount:		δ : <u>ω</u>
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy 2- (B) (additional copy is enclosed).
<u>Mailing Addre</u> Registration	_	Street Address: Registration Sect	tion
District and Co		Division of Com	arations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAZ3 INVESIMEN	•		
(Name of the Limited Liability Compar (A Florida Limited L.	<u>iy as it now appears o</u> iability Company)	<u>n our records.</u>)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 23 ØØØØ 9 7</u> 642	•	_	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig		
Enter new principal offices address, if applicable:	19473	<u>5W 68 St</u> Lauderdale,	•
(Principal office address MUST BE A STREET ADDRESS)	Fort 1	-auderdale,	FL 3333.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	.	艺品	21/23
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our reco	ords, enter the name of	the new registered
Name of New Registered Agent:			= -
New Registered Office Address:		CGA	ပုံ ပုံ
	Enter Florida	street address	
·		, Florida	
	City:	2	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Zanith Le	1995 Deveere Drive	□Add
		1995 Deveere Drive Sterling Heights, MI	5 Remove
		48310	□Change
			🗆 Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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Note: I	te date, if other than the date of filing:
documei	nt's effective date on the Department of State's records.
e record rd is file	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 d.
Dated _	05/25/2023 Ama Ama
	Ama Mos
	Signature of a member or authorized representative of a member
	Anna Truong Typed or printed name of signee