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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

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SHRTI	ርረት ·	Tara Buri	ner Real Estate LLC					•	_		
30 D31	L(, 1 .			nited Liability Compar	ıy						
The en	iclosed	l Articles o	of Amendment and fee(s) are sub	omitted for filing.							
Please	return	all corres	pondence concerning this matter	to the following:							
			Tara Burner								
				Name of Perso	m						
			Tara Burner Real Estate L						- 18 - 18 - 18	2023	*********
				Firm/Compan	y.					2023 AUG 15	2 C. renze P. d
			950 S Plne Island Rd A15							ري سر	
				Address					1.7. 1.1.	PH 3: 28	
			Plantation FL 33324						77	3; ? >7 ?	,
				City/State and Zip	Code					n 00	<b>)</b>
			tara@taraburner.net								
			E-mail address: (	to be used for future a	innual rep	ort r	olificat	ion)			
For fur	ther in	ntormation	concerning this matter, please c	all:							
Tara E	Burner			at ( <sup>954</sup>	, 549-3	393					
Name of Person			Area Cod				lephone	Number			
Enclos	ed is a	check for	the following amount:								
□ \$2	5.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop.	ру	d)		(	60.00 Fili Pertificate Pertified C additional co	of Stati Jopy	
	Reg Div		Section Corporations	Re Di	eet Addr gistration vision o c Centra	on S d`C	Section Corpor	ations			
	Tal	lahassec.	. FL 32314		15 N. M Hahasso			•	Suite 81	0	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Tara Burner Real Estate 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 \( \frac{07/20/23}{2} \) and assigned Florida document number 1.23000344421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviaries "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address 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
MGR	Tura Burner	950 S Pine Island Rd A150	■Add
		Plantation FL 33324	□Remove
			□Change
			□Add
			□Remove
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			SEC 223   Add
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			In co
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fective date, if other than the date of filing:	l. CCV a o	(optional)	) B
n effective date is listed, the date must be specific and cannot be prior to dete:  If the date inserted in this block does not meet the applicable	e statutory filing require	ments, this date	will not be listed
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time,	at 12:01 a m. on the ea	rlier at the Th	o Ofth day after t
is filed.	tat 12.01 a.m. on the ca	meror. (o) in	C 2011 day after t
ted August 10 2023			
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Signature of a member or authorize	ed representative of a mem	iber	