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(Re	equestor's Name)
(4.1	
(Ad	dress)
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COVER LETTER

TO:	Registration Sec Division of Corp			, -
CIID IE	Tasica, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
i icase i	etan an correspon	Michael Celenza	to the following.	
			Name of Person	-
		Tasica, LLC		
			Firm/Company	
		4600 Touchton Rd, Ste 12	00	
			Address	
		Jacksonville, FL 32246		
			City/State and Zip Code	 _
		Mcelenza@tasica.com E-mail address: (to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please ca		
Michae	el Celenza		904 838-5550 at ()	
	Nате о	f Person	Area Code Daytime Telepho	ne Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2040EC 17 EO PH 4:09

Tasica, 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 of Florida document number L23000359789	were filed on March 22, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	bbreviation "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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The Windshift of Mee Hadess.	Enter Florida street address	
	, Florida	7.01
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	<u>Address</u>	Type of Action
AMBR	McCandless Group, LLC	2075 Main St. Cambria, CA 93428	□Add
			■Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
1			□Remove
			□Change
			□Add
		□Remove	
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			□Remove
			□Change

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fan ef Note:	ive date, if other than the date of filing:
reco d is fi	rd 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 iled.
. '	December 11 2024
intari	
Jaicu	
Jaicu	Jon Mar
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00