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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Take 3 N	lanagement, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Merlan	nde Felizor Name of Person	
	Tak	Ce3Mangement	
	8 280 G	arden Catalina Circ	le APT 1033
	Lakew	Orth FL 33467 City/State and Zip Code	
	E-mail address: (3 management Cout to be used for future annual report not	Hook-com ification)
For further information co	oncerning this matter, please ca	all:	
Menande Fel Name o	(170Y) Person	at (<u>8\3</u>) <u>458 4\</u> Area Code Daytin	38
Enclosed is a check for th	ne following amount:		
\$25.00 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 Addres Registration S Division of C	Section	Street Address: Registration Sc Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee .
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

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		7079 Cu 1 1 1	7: 39
Take 3	Management, LLC		•
(<u>Name of the Limited</u>)	Management, LLC Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	- 11 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liabi		1 4 20 23	and assigned
Florida document number <u>L2300045341</u> U	<u>g</u> .		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the desi	enation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable	<u>- </u>		
(Principal office address MUST BE A STREET A	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
(Mailing duaress MAT BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida	street address	
_		Florida	
	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 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	Merlande Felizor	8280 Garden Catalina Circle	XAdd
		Lakeworth, FI 334le7	□Remove
		APT 1033	□Change
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			□Remove
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Note: If th	e date is listed, the one date inserted in	this block o	loes not m	sect the app	licable stat					
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Filing Fee: \$25.00