

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

Office Use Only



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COVER LETTER

	ision of Cor			
SUBJECT:	TANICKA	LLC		·
SUBSECT.		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		PABLO HOBERMAN		
			Name of Person	
		URBIS PROPERTY MAS	NAGEMENT SERVICES	
Firm/Company				
		2980 NE 207th St STE 41	0	
			Address	
		Aventura, FL 33180		
		·	City/State and Zip Code	
		servicios@urbis-realestate.		
For further is	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report n	otification)
		oncoming this matter, prease o		
ISABEL BR			786 320-4920 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a	ı check for tl	ne following amount:		
■ \$2 5.00 F	filing Fee	S30.00 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)
Reg Div		Section orporations	Street Address: Registration S Division of C	
). Box 632 Iahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our record Liability Company)	<u>ds.</u>)
y were filed on 1/25/2024	and assigned
bility company here:	
bility Company," the designation "LL	C" or the abbreviation "L.L.C."
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e address on our records, enter	r the name of the new regist
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Enter Florida street addre	?55
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	bility Company here: bility Company here: bility Company," the designation "LL. e address on our records, ente: Enter Florida street address. F

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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
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Effective date, if other than the	date of filing:		(optional)	
(If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this bl document's effective date on the D	st be specific and cannot be prio lock does not meet the appli	cable statutory filing re	han 90 days after filing.) Pu	rsuant to 605.020 I not be listed a
he record specifies a delayed effectiv ord is filed.	e date, but not an effective t	time, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
Dated January 26th	2024			
	Pablo H	berman		
	· ·			
	Signature of a member or auth	norized representative of a	member	

Filing Fee: \$25.00