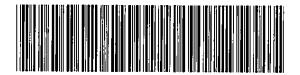
## L2400204167

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
TADAKO			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vijay Patel		
		Name of Person	
	<u> </u>	Firm/Company	
	15127 Bluefish Street		
		Address	
	Hudson, FL, 34667		
		City/State and Zip Code	
	vijaydnpatel@gmail.com		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	tification)
Vijay Patel		813 573-1966	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
Mailing Addres		Street Address:	antion
Registration 5 Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TADAKO LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000204167	were filed on MAY 01, 2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "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)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Zin Code
	City	Zin 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
AMBR	MRS DAMAYANTI PATEL	15127 Bluefish Street, Hudson, FL 34667 US	≣Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add ·
			□Remove
			□Change

<del></del>		
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		···
If the date inserted in this block doe	ific and cannot be prior to date of filing or r s not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed
ment's effective date on the Departme	nt of State's records.	
ord specifies a delayed effective date, b filed.	out not an effective time, at 12:01 a.m.	, on the earlier of: (b) The 90th day after th
d	2024	:
	e of a member or authorized representative	
Signatur		