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COVER LETTER

	gistration Sec vision of Corp			
CHELLET	Taba Home	LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	·	
		Jucilene Maia da Silva		
			Name of Person	
		Taba Home LLC		
			Firm/Company	
		2422 S Miami Ave		
			Address	
		Miami FL 33129		
			City/State and Zip Code	2024 BEI
		jucilene@casataba.com.br		富。
		E-mail address: ((to be used for future annual report notification)	
For further i	nformation co	oncerning this matter, please c	all:	4-
Jucilene Ma	aia da Silva		2210337)-t ## 0
	Name of	Person	Area Code Daytime Telephone Number	9:1:0
Enclosed is	a cheek for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Re	niling Address gistration S	Section	Street Address: Registration Section	
	vision of C D. Box 632	orporations 7	Division of Corporations The Centre of Tallahassee	
	llahassee, F		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taba Home LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number 1.24000310040	Company were filed on July 11th 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
Taba Home and Gallery LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 DEC
		1
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter t</u> l	he name of the new registere
Name of New Registered Agent:		0 + 0
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	Cuy	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
AMBR	Simone Aparecida Marques Sullivan	447 W Oak ave, Oak View CA 93002	= Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

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Filing Fee: \$25.00