## L24000310040

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (Only State 2.p.). Hore 47              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



100446780181

03/17/25--01014--011 \*\*25.00

## **COVER LETTER**

**Registration Section** 

Division of Corporations

TO:

| SUBJECT:  | Name of Limi                                 | ted Liability Company   |  |                        |  |  |
|---|--|---|--|------------------------|--|--|
| The enclosed Articles of A  | Amendment and fee(s) are sub                 | nitted for filing.  |  |                        |  |  |
| Please return all correspon                                       | ndence concerning this matter                | to the following:   |  |                        |  |  |
|   | Jucilene Maia Da Silva                       |   |  |                        |  |  |
|   |  | Name of Person  | <del></del>  |                        |  |  |
|   | Taba Home and Gallery Ll                     | c   |  |                        |  |  |
|   |  | Firm/Company  | <del></del>  |                        |  |  |
|   | 24228 Miami Avenue                           |   |  |                        |  |  |
|   |  | Address   |  |                        |  |  |
|   | Miami, 33129                                 |   |  | 2025                   |  |  |
|   |  | City/State and Zip Code   | ·  | 2025 MAR 1 /           |  |  |
|   | ramirez@tabahome.net                         |   |  | . 70<br>. –            |  |  |
|   | E-mail address: (                            | to be used for future annual report notif   | ication)   |                        |  |  |
| For further information c   | oncerning this matter, please ca             | ail:  | 16.<br>11.0<br>11.0  | r Ti J.                |  |  |
| Maria Ramirez   | 를 보고 있다.<br>                                 | ب<br>د  |  |                        |  |  |
| Name o  | f Person                                     | at ()<br>Area Code Daytime  | e Telephone Number   |                        |  |  |
| Enclosed is a check for the                                       | 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 enclose | te of Status &<br>Copy |  |  |
| Mailing Address Registration Solution of Co. Box 632 Tallahassee, | Section<br>Corporations<br>27                | Street Address:<br>Registration Set<br>Division of Cor<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | porations<br>'allahassee<br>e Street, Suite 810  |                        |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Taba Home and Gallery LLC  |  |                          |
|--|--|--------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our records.)<br>Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on July 11th 2024  | and assigned             |
| This amendment is submitted to amend the following:  |  |                          |
| A. If amending name, enter the new name of the limi  | ted liability company here:  |                          |
| Taba Home LLC  |  |                          |
| The new name must be distinguishable and contain the words "Limi   | ted 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 ADDR  | ESS)   | 2025                     |
| 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |                          |
|  |  |                          |
|  |  |                          |
| Enter new mailing address, if applicable:  |  |                          |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>              |
|  |  | <del></del>              |
|  |  |                          |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our records, <u>enter the na</u>                       | ime of the new registere |
| Name of New Registered Agent:  |  | <del></del>              |
| New Registered Office Address:   | Enter Florida street address   |                          |
|  |  |                          |
|  | , Florida  | Zip Code                 |
|  | X  | -7 -                     |

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         |
|              |                                   |   | □Change        |
| AMBR         | Maria Ramirez                     | 2422S Miami Avenue, Miami, 33129, Florida | <b>=</b> Add   |
|              |                                   |   | □Remove        |
|              |                                   |   | □Change        |
|              |                                   |   | □Add           |
|              |                                   |   | □Remove        |
|              |                                   |   | □Change        |
| <del>_</del> |                                   |   | □Add           |
|              |                                   |   | □Remove        |
|              |                                   |   | ☐ Change       |
|              |                                   |   |                |
|              |                                   |   | □Remove        |
|              |                                   |   | □Change        |
|              |                                   |   | □Add           |
|              |                                   |   | □Remove        |
|              |                                   |   | □Change        |

| Maria Ramirez Galvez owns of  | 40% of comp       | any Taba Hon       | ne and Gallery     | LLC               |  |              |            |
|---|-------------------|--------------------|--------------------|-------------------|--|--------------|------------|
|   |                   |                    |                    |                   |  |              |            |
| -   |                   | <u> </u>           | <del>-</del>       |                   | _  | _            | _          |
|   |                   |                    |                    |                   | _  |              |            |
|   |                   |                    |                    |                   |  |              |            |
|   |                   |                    |                    |                   |  |              |            |
|   |                   |                    |                    |                   | <u>.                                    </u> |              | _          |
|   |                   |                    |                    |                   |  |              |            |
|   |                   |                    |                    |                   |  |              |            |
| <u> </u>  |                   |                    |                    |                   | <u> </u>                                     |              |            |
|   |                   |                    |                    |                   | <u> </u>                                     |              | _          |
|   |                   |                    |                    |                   |  |              |            |
|   |                   |                    |                    |                   |  |              |            |
|   |                   | <u>-</u>           |                    |                   |  | <del>_</del> | —          |
|   |                   |                    |                    |                   |  |              | _          |
|   |                   |                    |                    |                   |  |              |            |
|   |                   |                    | <u> </u>           | <del></del>       |  |              | _          |
| <u> </u>  |                   | <u> </u>           | <u>.</u>           | <u>-</u>          |  |              | —          |
|   |                   |                    |                    |                   |  |              |            |
|   | <del></del>       |                    |                    |                   |  |              |            |
|   |                   | <del> </del>       |                    |                   |  | •            | —          |
|   |                   | March 7th, 2       | 2025               |                   |  |              |            |
| tive date, if other than the diffective date is listed, the date must | se specific and o | cannot be prior to | o date of filing o | r more than 90 da | (optional)<br>ys after filing.)              | Pursuant to  | 605        |
| If the date inserted in this block                                    | k does not me     | eet the applica    | ble statutory fi   | ling requirement  | nts, this date v                             | vill not be  | liste      |
| ment's effective date on the De                                       | arunent of Su     | ate s records.     |                    |                   |  |              |            |
| ord specifies a delayed effective                                     | data but not a    | m effective tin    | ne at 12:01 au     | m on the earlie   | rof:(b) The                                  | 90th day a   | afte       |
| ifiled.   | date, our not a   | iii ciicciive tiii | E. a. 12.01 a      |                   | (4)  | ,            |            |
|   |                   |                    |                    |                   |  | :            | 707        |
| March 7th   |                   | 2025               | <b>_</b> •_        |                   |  | <u>; - ,</u> | VIMIL P202 |
|   |                   |                    |                    |                   |  | 77.5<br>17.5 | -          |
|   | V                 | 4                  | 1 1                |                   |  | 124          |            |

\*\*\*\*\* E #35.00