

# L24000367608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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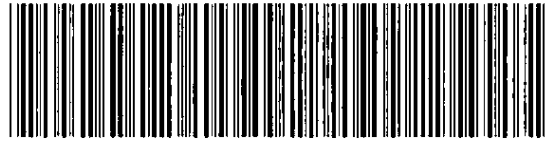
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GABLES 1100, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID M. TURNER

Name of Person

TURNER & ASSOCIATES, LLP

Firm/Company

7301 SW 57 COURT, SUITE 420

Address

MIAMI, FL 33143

City/State and Zip Code

dturner@turnercpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Turner

Name of Person

at ( 305 ) 377-0707

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GABLES 1100, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 21, 2024 and assigned  
Florida document number L24000367608

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TAO HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

7301 SW 57 COURT, SUITE 420

MIAMI, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7301 SW 57 COURT, SUITE 420

MIAMI, FL 33143

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DAVID M. TURNER

New Registered Office Address:

7301 SW 57 COURT, SUITE 420

*Enter Florida street address*

MIAMI

*City*

Florida 33143

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID M TURNER	7301 SW 57 COURT, SUITE 420	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 4 2024

2024

*[Signature]*

...and the number or att...

Typed or printed name of signee