

5/12/2021

Division of Corporations

LA 100005380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000190633 3)))



H21000190633ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : 120080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

FILED  
2021 MAY 12 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: thomas.katz@katzbaskies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TAU PROPERTY PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2021 MAY 12 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE FL

Electronic Filing Menu

Corporate Filing Menu

Help

H21000190633 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAU PROPERTY PARTNERS 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:

Thomas O. Katz  
 \_\_\_\_\_  
 Name of Person

Katz Baskies & Wolf PLLC  
 \_\_\_\_\_  
 Firm/Company

3020 North Military Trail Suite 100  
 \_\_\_\_\_  
 Address

Boca Raton, FL 33431  
 \_\_\_\_\_  
 City/State and Zip Code

thomas.katz@katzbaskies.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

FILED  
 2021 MAY 12 PM 4:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Thomas O. Katz \_\_\_\_\_ at ( 561 ) 910-5700  
 Name of Person 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

H21000190633 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAU PROPERTY PARTNERS 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 January 7, 2021 and assigned Florida document number L21000005380

This amendment is submitted to amend the following:

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

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)

777 Arthur Godfrey Road Suite #200 Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

777 Arthur Godfrey Road Suite #200 Miami Beach, FL 33140

RECORDED FILED 2021 MAY 12 PM 1:18

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

H21000190633 3

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>
CFO	Ariel Ychuda Newfield	10275 Collins Avenue	<input checked="" type="checkbox"/> Add
		Apt. 321	<input type="checkbox"/> Remove
		Bal Harbour, FL 33154	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
 2021 MAY 11 PM 1:48  
 TALLAHASSEE FL

H21000190633 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---


FILED  
 2021 MAY 12 PM 6:48  
 SECRETARY OF STATE  
 TREASURY BUILDING  
 HARRISBURG, PA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (f)(6)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 11, 2021

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**Thomas O. Katz, Authorized Representative**  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

H21000190633 3