## L0500082823

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I		

Office Use Only



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SECRETARY OF STATE
AND A STATE

AUG 1 4 2015

**3 MASON** 



August 4, 2015

STEVEN M. CHARCHAT, ESQ. 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131

SUBJECT: TAYI, LLC

Ref. Number: L05000082823

We have received your document for TAYI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 315A00016337

## **COVER LETTER**

Divis	sion of Corpo	prations		
SUBJECT:	Tayi LLC			
Sebset.		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter t	o the following:	
		Steven M. Charchat, Esq.		
			Name of Person	
		Steven M. Charchat, P.A.		
		-	Firm/Company	
		848 Brickell Avenue, Suite	1040	
			Address	<del></del>
		Miami, Florida 33131		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please ca	11:	
Steven M. Ch			305 358-8005 at ()	
	Name of P	erson	Area Code Daytime	Felephone Number
Enclosed is a	check for the	following amount:	•	
■ \$25.00 Fí	ling 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:

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Tayi LLC			
(Name of the Limited Liabi (A Florid	ility Company as it now da Limited Liability Co	w appears on our recompany)	rds.)
The Articles of Organization for this Limited Liability  Florida document number L05000082823	Company were filed	d on August 22, 200	and assigned
This amendment is submitted to amend the following:			<i>,</i>
A. If amending name, enter the new name of the lin	nited liability com	pany here:	,
The new name must be distinguishable and contain the words "Lin	mited Liability Compan	y," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
		·	
Enten new modifier address if andischlar			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
maning duaress MAT BE A FOST OFFICE BOAT		<del>,</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented agent:		ress on our recor	ds, enter the name of the new
New Registered Office Address:	E	nter Florida street addi	
		.1	Florida
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performa agent as provided j red office address,	mce of my duties, for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 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>	Type of Action
MGRM	Jose Luis Chilavert	c/o 848 Brickell Avenue	Add
		Suite 1040	■ Remove
		Miami, Florida 33131	□ Change
MGRM	Ana Maria Paccioretti	c/o 848 Brickell Avenue	□ Add
		Suite 1040	
		Miami Florida 33131	
MGR	Benham Corporation	c/o 848 Brickell Avenue	■ Add
		Suite 1040	_
		Miami, Florida 33131	
	·		□ Add
			□ Remove
			Change
		_	Add
			Remove
			Change
			Appl Appl
			Remove
			ORIGINAL Chapman

-	
<b>ctive</b> effect	date, if other than the date of filing: (optional)  ve 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 605.02
effect <u>e:</u> If	ve 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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Filing Fee: \$25.00