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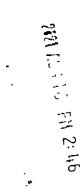
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| Special Instructions to Filing Officer: |
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| | Registration Se Division of Co | | | |
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| PUBLEC | TAKAMA | ALC | | |
| SUBJEC | 1: | Name of Lin | nited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | LIDIA M. CASTILLO | | |
| | | | Name of Person | |
| | | TAKAMA LLC | | |
| | | | Firm/Company | |
| | | 848 BRICKELL AVE SU | TTE 1220 | |
| | | | Address | |
| | | MIAMI, FL 33131 | | |
| | | ······································ | City/State and Zip Code | |
| | | takama2aa@hotmail.com | to be used for future annual report no | Milliontian) |
| For furthe | er information c | concerning this matter, please c | | articalion) |
| LIDIA C | ASTILLO | | 786 301-6492 | |
| | Name o | of Person | | ime Telephone Number |
| Enclosed | is a check for t | he following amount: | | |
| ■ \$25. 0 | 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 Addres | | Street Address: Registration S | ection |
| [| Division of C P.O. Box 632 | Corporations | Division of Co The Centre of | |
| | r.O. Box 632 Fallahassee, | | | oe Street, Suite 810 |

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TAKAMA LLC | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------|--------------------------------------|--|
| (Name of the Limited (A | Liability Compa Florida Limited | iny as it now appears on our Liability Company) | records.) | |
| he Articles of Organization for this Limited Liability Company were filed on $\frac{11/01/2012}{1.12000139070}$ and lorida document number $\frac{1.12000139070}{1.12000139070}$. | | | | |
| is amendment is submitted to amend the follow | ing: | | | |
| If amending name, enter the new name of th | ne limited liah | ility company here: | | |
| 'A | | | | |
| new name must be distinguishable and contain the word | ls "Limited Liabi | lity Company," the designation | n "LLC" or the abbreviation "L.L.C." | |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | N/A | | |
| | | N/A | <u> </u> | |
| | | N/A | | |
| ter new mailing address, if applicable: | | N/A | P121 (| |
| ailing address MAY BE A POST OFFICE BO | OX) | N/A | | |
| water and the second | | N/A | <u>-</u> | |
| If amending the registered agent and/or registered office address been tand/or the new registered agent and/or the new registered office address between tand/or tan | | address on our records, | enter the name of the new register | |
| Name of New Registered Agent: | N/A | | · | |
| New Registered Office Address: | N/A | | | |
| | NI/ N | Enter Florida street | | |
| | N/A | Cin | , Florida N/A 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> | Address | Type of Action |
|--------------|----------------------|-----------------------------|----------------|
| AMBR | MARTHA ISABEL MEDINA | 848 BRICKELL AVE SUITE 1220 | ■ Add |
| | | MIAMI, FL 33131 | □Remove |
| | | | ☐ Change |
| AMBR | KARINA MEDINA | 848 BRICKELL AVE SUITE 1220 | ≣Add |
| | | MIAMI, FL 33131 | □Remove |
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| Effective date, if other than the | date of filing: | (optional) |
| | | more than 90 days after filing.) Pursuant to 605.0207 (ling requirements, this date will not be listed as t |
| document's effective date on the De | | |
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| | e date, but not un effective time, at 12:01 a.m | i. On the earner of, (ii) The soul day after the |
| | e date, but not an effective time, at 12:01 a.m | 1. Of the earlier of (a) The 30th day after the |
| rd is filed. | | 1. On the earner of . (b) The sour day area life |
| rd is filed. Dated AUGUST 10 | 2021 | |
| rd is filed. Dated AUGUST 10 | 2021 | |
| rd is filed. Dated AUGUST 10 | | |

Filing Fee: \$25.00