

L14 0000 23382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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07/14/14--01042--010 **30.00

14 JUL 14 AM 9:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

TUYOYA 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:

isis isabel

Name of Person

H I TAX INVEST CORP

Firm/Company

1860 N PINE ISLAND RD SUITE 109

Address

PLANTATION FL 33322

City/State and Zip Code

ISISTAX@AOL.COM

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

For further information concerning this matter, please call:

ISIS ISABEL

Name of Person

at (954) 600-5801

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TUYOYA 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 02-10-2014 and assigned Florida document number L14000023382.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ISIS ISABEL

New Registered Office Address:

1860 N PINE ISLAND RD SUITE 109

Enter Florida street address

PLANTATION

City

Florida 33322

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.

ISIS ISABEL
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MEMBER	GABRIEL BRACHO	186 SE 12TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33130	<input type="checkbox"/> Remove
		OWNERSHIP 5%	
MEMBER	LUIS EDUARDO GUEVARA	31 SE 5 ST APT 3111	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<input type="checkbox"/> Remove
		OWNERSHIP 5%	
MEMBER	HECTOR J MILLAN	186 SE 12TH TERRACE APT 806	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<input type="checkbox"/> Remove
		OWNERSHIIP 5%	
MEMBER	ADRIANA DEL VALLE BELLO RUSSIAN	36 BLVD DE LA LIBERATION	<input checked="" type="checkbox"/> Add
		94300 VINCENNES	<input type="checkbox"/> Remove
		FRANCE	
		OWNERSHIP 5%	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

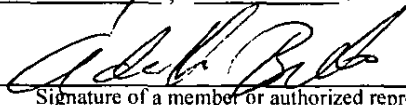
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07-01-2014,



Signature of a member or authorized representative of a member

Adolfo Bollo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUL 14 AM 9:07