

L16000053491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

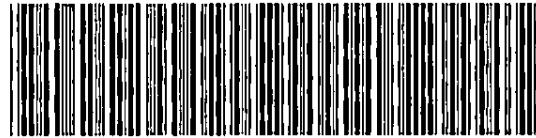
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600352878246

11/18/20--01007--021 **30.00

FILED
2020 NOV 18 PM 1:54
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIAMAT ENKI 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:

PABLO R. AVILA_GONZALEZ

Name of Person

TIAMAT ENKI LLC

Firm/Company

924 KIRKCALDY WAY

Address

VALRICO, FLORIDA, 33594-4137

City/State and Zip Code

TIAMAT.ENKI.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

PABLO R. AVILA_GONZALEZ

813 707.3424
at ()

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

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

TIAMAT ENKI 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 03/15/2016 and assigned Florida document number L16000053491.

This amendment is submitted to amend the following:

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

TIAMKI 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)

924 KIRKCALDY WAY

VALRICO, FLORIDA, 33594

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

924 KIRKCALDY WAY

VALRICO, FLORIDA, 33594

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:

PABLO R. AVILA_GONZALEZ

New Registered Office Address:

924 KIRKCALDY WAY

Enter Florida street address

VALRICO

City

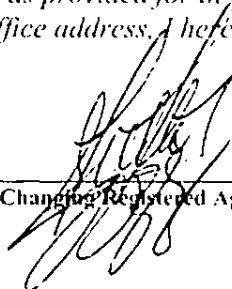
Florida 33594

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



FILED
2020 NOV 18 PM 1:54
CLERK OF STATE
TALLAHASSEE, FL

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	PABLO R. AVILA_GONZALEZ	924 KIRKCALDY WAY	<input type="checkbox"/> Add
		VALRICO, FLORIDA. 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YANIA ABREU DE AVILA	11322 SILVERLEAF COURT	<input type="checkbox"/> Add
		RIVERVIEW, FLORIDA 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YANIA C. ABREU_REYES	924 KIRKCALDY WAY	<input checked="" type="checkbox"/> Add
		VALRICO, FLORIDA. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAURY M. MARTE_ABREU	860 CREEK WAY CT	<input checked="" type="checkbox"/> Add
		BRANDON, FLORIDA. 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO J. FIGUEIRA_PITRE	860 CREEK WAY CT	<input checked="" type="checkbox"/> Add
		BRANDON, FLORIDA. 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WUILMER J. MEDRANO	924 KIRKCALDY WAY	<input checked="" type="checkbox"/> Add
		VALRICO, FLORIDA. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 18 PM 1:55
 OFFICE OF STATE
 TREASURER, FL

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

[illegible]

FILED
2020 NOV 18 PM 1:54
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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 (3)(b)

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 NOVEMBER 11, 2020

Signature of a member or authorized representative of a member

PABLO R. AVILA GONZALEZ

Typed or printed name of signee