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06/20/18--01015--008 \*\*25.00

DIVISION OF CORPORATION. 18 JUN 20 PM 1: 49

N COOPER JUN 2 0 2018

## **COVER LETTER**

TO:	<b>Registration Section</b>
	<ul> <li>Division of Corporation:</li> </ul>

TAY2018 LLC

SUBJECT: \_\_\_

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:

ANA CERVETTA-LAPHAM

Name of Person

CERVETTA-LAPHAM & ASSOCIATES

Firm/Company

6401 SW 87 AVE, STE 103

Address

MIAMI, FL 33173

City State and Zip Code

ANA@CERVETTALAPHAM.COM

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

For further information concerning this matter, please call-

ANA CERVETTA-LAPHAM	305	275-3244
	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TAY2018 LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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 "LLC."

Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<b>68</b> ب	Als: SET
(Frincipal office address 51051 br. A STREET ANDRESS)	X	12
Enter new mailing address, if applicable:	e T	
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<del></del>	27
		N.S.

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, Florida
	City	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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

,

<u>Title</u>	Name	Address	Type of Action
MGMB	ESEN, AYTHAN	16957 SW 92 STREET CIRCLE	🖸 Add
		MIAMI, FL 33196	🔄 🖻 Remove
			Change
MGMB	ESEN, AYHAN	16957 SW 92 STREET CIRCLE	📕 Add
		MIAMI, FL 33196	
			Change
			Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change
<u>.                                    </u>			Add
		<u> </u>	Remove
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			Remove
			Change

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

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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 JUNE 12	2018	
Daleu		
	Signature of a member or authorized representative of a member	
+		
TEKIN	ESEN	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00