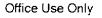
L19000 184 287

| (Re | equestor's Name) | | | |
|---|---------------------------------------|-------------|--|--|
| · · | , | | | |
| (Address) | | | | |
| (************************************** | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| | | — | | |
| ☐ ЫСК-ЛЬ | ☐ WAIT | MAIL | | |
| | | | | |
| (Bu | isiness Entity Nan | ne) | | |
| | . - . | | | |
| (Do | ocument Number) | | | |
| Cartified Caning | Cartificatos | of Status | | |
| Certified Copies | Certificates | or Status | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





10033431569°

09/30/19--01013--010 **:

SEGLI AHASSEDEL

2019 SEP 20 PM 12: 01

GCT (17 2019

TAKTA 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: VITALIY GEORGIYEV Name of Person TAKTA LLC Firm/Company 20185 E COUNTRY CLUB DR, 1202 Address AVENTURA, FL 33180. City/State and Zip Code mbahretdinova@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIA BAHRETDINOVA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

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

TO:

Registration Section Division of Corporations

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

ARTICLES OF ORGANIZATION OF

| TAKTA LLC | | | |
|---|---|--|-----------------------------|
| (Name of the Lim | ited Liability Con (A Florida Limite | ipany as it now appears on our records definition of the contract of the contr | _) |
| The Articles of Organization for this Limited I | - | ny were filed on | and as |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited li | ability company here: | |
| N/A | | | 2019 |
| The new name must be distinguishable and contain the | words "Limited Li | ability Company," the designation "LLC" | or the abbreviation CL |
| Enter new principal offices address, if appli | cable: | N/A | of the apple value of PP 20 |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | 200 T |
| | | | <u> </u> |
| | | | |
| Enter new mailing address, if applicable: | | N/A | |
| Mailing address MAY BE A POST OFFICE | E BOX) | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | • | | , enter the name |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street address | |
| | N/A | , Flo | rida ^{N/A} |
| | | 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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 Agen

MGR = Manager AMBR = Authorized Member

| <u>Name</u> | <u>Address</u> | Type · |
|-----------------|-------------------------|---|
| DEANA TATARENKO | 13925 SE EASTRIDGE STR | |
| | PORTLAND, OR 97236 | A(|
| | TORTEARD, OR 97200 | ≡ R∈ |
| | | |
| | OVEN COLLING A VE. 1994 | Cł |
| OLENA DIAZ | 2899 COLLINS AVE, 1224 | = Ac |
| | MIAMI BEACH, FL 33140 | |
| | | Re |
| | | Ch |
| | | |
| | | |
| | | □ Ren |
| | | |
| | | Char |
| | | Add |
| | | |
| | | Rem |
| | | Char |
| | | |
| | | |
| | | □ Remo |
| | | |
| | | Char |
| | | |
| | | |
| | | Remo |
| | | |
| | | DEANA TATARENKO 13925 SE EASTRIDGE STR PORTLAND, OR 97236 OLENA DIAZ 2899 COLLINS AVE, 1224 |

| _ | | |
|-------------|--|--|
| _ | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| 7 F760 A* | at the second of the comme | / N |
| (If an effe | | (optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 60 |
| | If the date inserted in this block does not meet the nent's effective date on the Department of State's re | applicable statutory filing requirements, this date will not be lis |
| accume | nem 3 circuite date on the Department of State 3 if | 000143. |
| | ecord specifies a delayed effective date, be 90th day after the record is filed. | out not an effective time, at 12:01 a.m. on the earl |
| Datad | 9 SEPTEMBER 2019 | |
| Dated _ | 1 | |
| | / | $\mathcal{A}_{\mathcal{A}}$ |
| | Signature of a member | or anthorized representative of a member |
| | VITALIY GEORGIYEV | |
| | | or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00