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STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Takha & Co 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:
Albert Tauhalow Name of Person
Takha f co LLC
Firm/Company
3503 NE 166 Street
Address North Miami Beach FL 33/60 City/State and Zip Code Takhanco & Yahao. com E-mail address: (to be used for future annual report notification)
North Miami Beach FL 33/60 3 3 City/State and Zip Code
Inkhanco & Yahoo, com Final address: (to be used for future annual report notification)
m – J
For further information concerning this matter, please call:
Albert Vauhaler Name of Person at (786) 315-7826 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

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

Takha & co LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>42000000047</u> 8	/2/18/20/9 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	_
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
	3
Enter new mailing address, if applicable:	D 201
(Mailing address MAY BE A POST OFFICE BOX)	
	FF 7
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent: Marc of New Registered Agent:	
2002 11 - 101	c the colored
New Registered Office Address: 2503 NE 166	ida street address
North Miami Beac	3 LLC 6 ** Street ida street address L Florida

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.

ff 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
MGR	ATOS 2023 LLC	3503 NE 166 th street worth	Lnian: Bendadd FL 33160
			□Change
			□Remove
			☐Change
			GRemove T GChange
			□Add
			Remove
			□Change
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			□Remove
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Effective date, if other the office the content of	this block does not m	neet the applicable s	a of filing or more than 90 tatutory filing requiren	(optional) days after filing.) Pr nents, this date wi	arsuant to 605.02 Il not be listed	207 (as t
	effective date, but not	an effective time, at	12:01 a.m. on the earl	lier of: (b) The 9		ıe
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rd is filed.					023 HAR	·=:
rd is filed.		716		<u> </u>	2023 MAR 13	
e record specifies a delayed e rd is filed. Dated	Signature of a n	nember or authorized	representative of a memb		023 MAR 13 PH 4:	