

26000031524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 MAY 05
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2021 APR 25 AM 7:49

2021 APR 25 AM 7:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2021

MAYA TORRES
5841 E CHARLESTON BLVD
STE 230 #290
LAS VEGAS, NV 89142

SUBJECT: TGKOUTURE LLC
Ref. Number: L20000131524

We have received your document for TGKOUTURE LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor Letter Number: 521A00002492

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20220211 APR - 5 IPIF @ 909
SECURE TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TGkouture 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:

Maya Torres

Name of Person

Business Services USA

Firm/Company

5841 E. Charleston Blvd Ste 230 # 290

Address

Las Vegas, NV 89142

City/State and Zip Code

murphy89014@gmail.com

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

For further information concerning this matter, please call:

Maya Torres 954 6009563
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

2021 APR -5 AM 7:49

TGkouture 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 05/15/2020 and assigned Florida document number L20000131524.

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 "L.L.C."

Enter new principal offices address, if applicable:

1317 Edgewater Dr

(Principal office address MUST BE A STREET ADDRESS)

#2291

Orlando, FL 32804

Enter new mailing address, if applicable:

1317 Edgewater Dr

(Mailing address MAY BE A POST OFFICE BOX)

#2291

Orlando, FL 32804

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:

New Registered Office Address:

1317 Edgewater Dr #2291

Enter Florida street address

Orlando,

Florida

32804

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Address 7:4 Type of Action

AM13R

1317 Edgewater Dr. Add

#2291 Remove

Orlando, FL 32804 Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add _____

Remove

□ Change

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

321AP

11/19

2020

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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 December 17

2020

Signature of a member or authorized representative of a member

Jose Staelle Monpremier

Typed or printed name of signee