

L20000 140883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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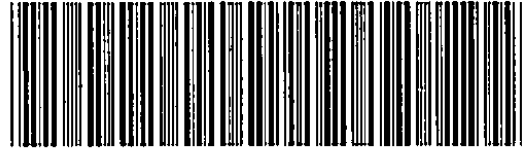
(Business Entity Name)

(Document Number)

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JUN 29 2020

2020 JUN 29 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRU
AUG 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALLY CUTZ 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:

NATALIA KIA

Name of Person

TALLY CUTZ LLC

Firm/Company

219 DEPOT AVE #1220

Address

DELRAY BEACH FL 33444

City/State and Zip Code

NATYPIRVULESCU@YAHOO.COM

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

For further information concerning this matter, please call:

NATALIA KIA

Name of Person

at

954 756 0743

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

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TALLY CUTZ 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 05/26/2020 and assigned Florida document number L20000140883.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

NATALIA KIA

New Registered Office Address:

219 DEPOT AVE #1220

Enter Florida street address

DELRAY BEACH

City

Florida

334

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
AMBR	NATALIA KIA	219 DEPOT AVE #1220 DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Ch <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Ch <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Ch <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Ch <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Ch

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

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SECRETARY OF STATE
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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated 6/14/2020

Wachli. / h

Signature of a member or authorized representative of a member

NATALIA KIA

Typed or printed name of signee

Filing Fee: \$25.00