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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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8/24/21



June 30, 2021

ILYA KANEVSKY 549 NE 106TH ST MIAMI SHORES, FL 33138 US

SUBJECT: TEMAKASE MIAMI LLC Ref. Number: L21000041908

We have received your document for TEMAKASE MIAMI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6052.

Letter Number: 721A00014982

SHAMIYA M HARRIS Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

	SE MIAMI LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ILYA KANEVSKY					
		Name of Person				
	TEMAKASE MIAMI LLO					
		Firm/Company				
	549 NE 106TH STREET					
		Address				
	MIAMI SHORES, FL 331	38				
		City/State and Zip Code				
	NYCTAXSOLUTION@G					
	E-mail address: (to be used for future annual report not	fication)			
For further information c	oncerning this matter, please c	all:				
ILYA KANEVSKY		718 490-2109 at ()	/718-801-9190			
Name o	of Person	Area Code Daytim	d Telephone Number			
Enclosed is a check for the	he 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 S		<u>Street Address:</u> Registration Se				
Division of C		Division of Corporations The Centre of Tallahassee				
P.O. Box 632 Tallahassee, l			e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEMAKASE MIAMI LLC

202, 203 11 PH 2: 45

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000041908</u>	y were filed on <u>01/21/20</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	549 NE 106TH STREET				
Principal office address MUST BE A STREET ADDRESS)	MIAMI SHORES, F	L 33138			
	549 NE 106TH STR	EET			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	MIAMI SHORES, F	L 33138			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: HAYA KANE		ds, enter the name of the new regis			
540 NE 106T	TH STREET				
New Registered Office Address: 349 NE 1001	Enter Florida s	treet address			
MIAMUSHO	an es	Florida 33138 Zip Code			
MIAMI SHO	181.5.7	, F1011(IA			

New Registered Agent's Signature, it 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AIM HOSPITALITY GROUP LLC	488 NE 18TH STREET	
		SUITE 5001	■Remove
		MIAMI FL 33132	
MGR	TN MARKETING GROUP LLC	488 NE 18TH STREET	
		SUITE 5001	■Remove
		MIAMI FL 33132	□Change
MGR	LIRON MICHAELI	1809 EMMONS AVENUE	
		APT 6J	=Remove
		BROOKLYN NY 11235	Change
MGR	ILYA KANEVSKY	549 NE 106TH STREET	≘ Add
		MIAMI SHORES FL 33138	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change

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e record spe ed is filed.	cifies a delaye	d effective da	ite, but not	; an effectiv	e time, at	2:01 a.m. c	n the earlie	rofi(b) T	The 90th day	after the
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