LZI 000054871

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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03/19/21--01010--008 **25.00

COVER LETTER

TO: Registration Se Division of Cor				
	gency LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Tatyana Chekmarieva			
	 	Name of Person		
	Taty Agency LLC			
		Firm/Company		
	2313 E River DR.			
		Address		
	Margate FL 33063			
		City/State and Zip Code		
	tati444sal@yahoo.com	to be used for future annual report no		
For further information c	oncerning this matter, please c		tification)	
Tatyana Chekmarieva		954 7930572		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAY Agency LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com-		and assigned
Florida document number 1.21000054871		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TATY AGENCY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:	2313 E River Dr. Margaye FL 33063	
Mailing address MAY BE A POST OFFICE BOX)		
		ق
3. If amending the registered agent and/or registered of	fice address on our records, enter the name	of the new-regis
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:		F.5
		亞
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Civ	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			\ \ \ \ _Add
			□Remove
			Change
			□Add
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			□Remove
			□Add
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			□Add
			CIPmova

_____ Change

Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and caused be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The ercord 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 rd is filed. Dated March 12. 2021 Signature of a member or authorized representative of a member Tatyana Chekstrarieva									
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BODC: SB



TATY AGENCY LLC
TATY AGENCY
% TATYANA CHEKMARIEVA SOLE MBR
2313 E RIVER DR
MARGATE FL 33063-1909

050483

Employer identification number: 86-2059364

Dear Taxpayer:

Thank you for your inquiry of Feb. 26, 2021.

Your employer identification number (EIN) is 86~2059364. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone	number	()	Hours	
-----------	--------	---	---	-------	--

Keep a copy of this letter for your records.

Thank you for your cooperation.