L21000060366

(R	Requestor's Name)
(A	ddress)
(A	ddress)
	ity/State/Zip/Phone #)
(0	nty/State/Elp/Filone #)
_	
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
	•
(Ď	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
•	
	.
	Received
	Rosavoal
	Necervec
	08-03
	Office Use Only
	077/74h
	0 10 1/2
	, ,



300368336453

RECEIVED

JUN 28 2021

06/29/21--01029--D16 *+60.06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

KECEMMED

2521 AUG -3 PH 12: 14

(2)

July 21, 2021

YVONNETE EUGENE 19125 N.W. 10TH PL MIAMI GARDENS, FL 33169

SUBJECT: TATI VOVO LLC. Ref. Number: L21000060366

We have received your document for TATI VOVO LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham OPS

Letter Number: 521A00016911

COVER LETTER

TO:	Registration S Division of Co		,				
SUBJE	TATI VOV	VO					
		Name of Lin	nited Liability Company				
		Amendment and fee(s) are sub	-				
Picase r	eturn an correspo	ondence concerning this matter	to the following;				
		YVONNETE EUGENE					
		•••	Name of Person				
		TATI VOVO					
Firm/Company							
19125 NW 10TH PL							
			Address				
		MIAMI GARDENS, FL 3	3169-3147				
		VII (O) IETTERI (CE) IETE	City/State and Zip Code	·			
		YVONETTEEUGENE87@ E-mail address: (GMAIL.COM to be used for future annual report notif	ication)			
For furth	ner information c	concerning this matter, please c					
YVON	VETTE EUGEN	E	786 991-3048		 .		
	Name o	of Person	Area Code Daytimo	Telephone Number	()		
Enclosed	l is a check for the	he following amount:		j.			
□ \$25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & - Certified Copy (additional copy) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATI VOVO LLC				
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 06/22/2021 and assigned			
Florida document number L21000060366				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	19125 NW 10th P			
Principal office address MUST BE A STREET ADDRESS)	Miami Gardens			
	FL, 33169-3147			
Inter new mailing address, if applicable:	19125 NW 10th PL			
Mailing address MAY BE A POST OFFICE BOX)	Miami Gardens			
	FL, 33169-3147			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new regist			
Name of New Registered Agent:				
New Registered Office Address: 19125	NW 10th Place			
Misin (Grandens, Florida 33169			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Jorela Incus		□Add
			□Remove
			a Change
map	vonette Eugene	Ivonette Eugene	Nadd
		19125 NW 10+4 Place	□Remove
	main (varden, fl	masin (12rden, fl 3316°	□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			— □Remove)
			□Change
	 		Add
		<u> </u>	Remove
			□Change
			□Add
			🗀 Remove
		 	□Change
			□Add
			□Remove
			□ Change

Ineed	to make	α (orre	ction	on H	7 6	
Spelled	y von	offe.	P.u.	gene			
				J			
							•
						······································	
			··				
-		 -			 		
<u> </u>						··· -·· ·	
						•	
			·	-	·		(;
	. <u>-</u>						
		- ,	_			· · ·	
						···	
						7:	•
Effective date, if other than If an effective date is listed, the dat	e must be specific and ca	nnot be prior t	o date of fil	ng or more than	00 days after f	n al) ⊆ iling.) Pursuan	t to 605.0207
Note: If the date inserted in the document's effective date on t	is block does not med he Department of Sta	et the applica e's records.	ble statuto	ry filing requir	ements, this	date will not	be listed as
o record or uniform a deleveral off	Faction data to a constitution	.00	. 13.0		1: CAN	TI 001 1	2
e record specifies a delayed eff rd is filed.	cetive date, out not ar	i enective tin	nc, at 12:0	i a.m. on the e	arner of: (b)	The 90th di	ay after the
Dated 06/22		2021					
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	 ;,						

Typed or printed name of signee