L21000062475

(Requestor's Name)
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,
(City/State/Zip/Phone #)
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Registration Section

TO:

Division of Cor	rporations				
TACHLISS	SLLC				
SUBJECT:	Name of Lim	nited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSEPH ISAACOFF				
		Name of Person			
BENACHAT MANAGEMENT LLC					
		Firm/Company			
323 SUNNY ISLES BLVD STE 501				f] ;;]	202
		Address			31 31
	SUNNY ISLES BEACH,	FL 33160			2023 HAR 27
		City/State and Zip Code			70
	MAX@BENACHATMAN	AGEMENT.COM to be used for future annual report not	(1) and (a)	ES E	2
For further information of	oncerning this matter, please c		nication)	PE	PH 12: 14
JOSEPH ISAACOFF		646 930-4271			
Name o	f Person	Area Code Daytin	e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Se Division of Co	porations		
P.O. Box 632 Tallahassee, F		The Centre of 7 2415 N. Monro	Callahassee e Street, Suite 81	0	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACHLISS LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{02}{2}$	04/2021 and as	ssigned
Florida document number L21000062475			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if appli	cable:		2
(Principal office address MUST BE A STRE	ET ADDRESS)		73
•		1.	
			27
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	P ::
(Mailing address MAY BE A POST OFFICE BOX)			7 0
			=
B. If amending the registered agent and/or		cords, enter the name of the ne	w registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	BENACHAT MANAGEMENT L	LC	
New Registered Office Address:	323 SUNNY ISLES BLVD STE 5	01	
The Principles of the Hudress.	Enter Flori	ida street address	
	SUNNY ISLES BEACH	, Florida 33160	
	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

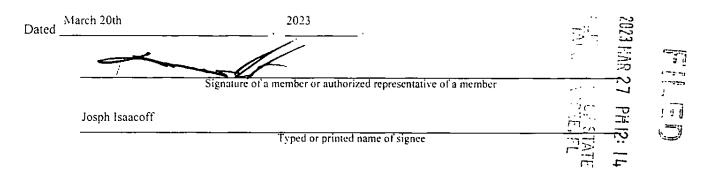
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E.

						
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ve date, if other than ective date is listed, the dat If the date inserted in th	the date of fili	ng:			(optional)	

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.



Filing Fee: \$25.00