

121 000137493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

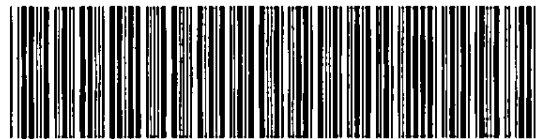
(Business Entity Name)

(Document Number)

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04/19/21--01024--008 **25.00

FILED

2021 APR 19 A 10:03

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALINVER 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:

Damion Collins
Name of Person

Taliver LLC
Firm/Company

3964 194th Ln.
Address

Golden Beach, FL 33160
City/State and Zip Code

taliverbusiness@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damion Collins at (305) 465-0807
Name of Person 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

2024 APR 19 A 10:03

11 FEB

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TALENTUEA 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 Mar. 24, 21 and assigned Florida document number L21000137483.

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 "LLC."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

2021 APR 9 11
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, ☒ 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>	<u>Type of Action</u>
MGR	Julia Larice		<input type="checkbox"/> Add
		3964 194 th Ln. Golden Bch.	<input checked="" type="checkbox"/> Remove
		FL. 33160	<input type="checkbox"/> Change
MGR	Yulia Larice		<input checked="" type="checkbox"/> Add
		3964 194 th Ln. Golden Bch.	<input checked="" type="checkbox"/> Add
		FL. 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 19
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[illegible]

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 37 CFR 1.101(b) and 37 CFR 1.102(b), an applicant may not claim the benefit of a prior filing date for an invention that is not disclosed in the prior filing.

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.

Dated Apr. 14th 2021

020

Signature of a member or authorized representative of a member

Dean, Dr. Collins

Typed or printed name of signee

605.0207 (3)
is listed as the
day after the

Filing Fee: \$25.00