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COVER LETTER

Division of Corporations
SUBJECT: RAYMUND TI MACHAN 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:
RAYMUND JOSEPH Name of Person THACHAN LLC Firm/Company 7001 SW 29+6 ST Address MIRAMAR FL 33.023 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phymond Ibselfs at (561) 771-4338 Name of Berson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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Registration Section

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

RAYMOND TI MACHAN 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 $04/28/2021$ and assigned Florida document number 121000196730 .	
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 "L.L.C."	_
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)	_
	_
3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:	<u>ered</u>
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_

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.

City

, Florida __

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>	Name	Address	Type of Action
MGR	RAYMOND JOSEPH	645 SW 15 AVE	□Add
		FURT LAUDERDALE TO	<i>33</i> 23 □ Remove
			ZChange
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an effe lote:	ve date, if other than the date of filing:
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 id.
ated_	05/19/21
	Signature of a member or authorized representative of a member