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COVER LETTER

TO:

| | gistration Se vision of Co | | | |
|------------------|-------------------------------|--|---|----------|
| SUBJECT: | TAY TAY | INTTERNATIONAL LLC | | |
| SUBJECT. | | Name of Lin | nited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub- | omitted for filing. | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | |
| | | | | |
| | | | Name of Person | |
| | | PEREZ TAX SERVICES | | |
| | | | Firm/Company | Status & |
| | | 2666 NW 97TH AVE | | |
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| | | DORAL, FL 33172 | | |
| | | | City/State and Zip Code | |
| | | GENERAL@PEREZTAXI | | |
| For further i | nformation c | E-mail address: (oncerning this matter, please c | to be used for future annual report notification) | |
| ana g pei | | | 786 362-9066 | |
| | | f Person | at () | _ |
| | Name o | r retson | Area Code Daytime 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 & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is | status & |
| | iling Addres gistration S | | Street Address: | |
| | _ | orporations | Registration Section Division of Corporations | |
| | D. Box 632 | - | The Centre of Tallahassee | |
| Та | llahassee, I | FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN -5 AM 9: 38

TAY TAY INTTERNATIONAL LLC

ERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our Peedral ASSEE, FL. 3P.15.)

(A Florida Limited Liability Company)

| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TAY TAY INTERNATIONAL LLC The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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) | and assigned |
|--|-------------------------|
| A. If amending name, enter the new name of the limited liability company here: TAY TAY INTERNATIONAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
| TAY TAY INTERNATIONAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | |
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| (Mailing address MAY BE A POST OFFICE BOX) | |
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| | |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> agent and/or the new registered office address here: | me of the new registere |
| agent and/of the new registered office address here: | |
| Name of Marc David and America | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| , Florida _ | |
| City | Zip Code |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| (If an ef Note: | tive date, if other fective date is listed, if If the date inserted nent's effective date | ie date must be spec in this block doc | rific and cannot be p is not meet the app | rior to date of filing | (optior more than 90 days afte | onal) r filing.) Pursuant to 605.02 s date will not be listed a |
| f the reco. ecord is fi | rd specifies a delaye iled. | d effective date, l | out not an effectiv | e time, at 12:01 a. | m. on the earlier of: (b |) The 90th day after th |
| Dated | DECEMBER 6 | | 2022 | | | |
| - Jaca | | | - ') | | | |
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Filing Fee: \$25.00

Typed or printed name of signee