

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TOG3 LLC
Account Number : I20230000180
Phone : (321)316-3005
Fax Number : (321)395-1551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAYUS CAPITAL LLC

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M. SOLOMON

SEP 18 2024

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TALLAHASSEE, FL

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAYUS CAPITAL 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:

JULIA DA COSTA

Name of Person

TAX ONE CONSULTING SERVICES, LLC

Firm/Company

707 W OAKLAND AVE SUITE 3217

Address

OAKLAND, FL. 34787

City/State and Zip Code

SERVICES@TAXONEC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIA DA COSTA

941

800-1041

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL

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PAYUS CAPITAL, L.L.C.

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>
AMBR	J&K CONSULT LTD	TRIDENT CHAMBERS, P.O.	<input type="checkbox"/> Add
		ROAD TOWN, TORTOLA, TO BOX 1-46 UK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIANO YUKIO HARADA	AV ANGELICA 819, SANTA CECILIA	<input type="checkbox"/> Add
		SAO PAULO, SP 01227--000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCAS YOSHIO HARADA	2300 REEF CT	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

(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 605.0207 (3)(b)

Dated 09/17/2024

Lucas Harris

LUCIANO YUKIO HARADA

Typed or printed name of signee

Filing Fee: \$25.00