Division of Corporations Electionic Filing Cover Theet

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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.\*\*

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

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SEP 18 2024

M. SOLOMON

## **COVER LETTER**

TO:	Registration Se Division of Cor				**		4	
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SUBJI	sC1;	Name of Lim	ited Liability Company		<del></del>			
		Amendment and fee(s) are sub						
rease	recuiri dii correspo	JULIA DA COSTA	to the tenanting.					
			Name of Person					
		TAX ONE CONSULTING	G SERVICES, LLC					
		************	Firm/Company					
		707 W OAKLAND AVE	SUITE 3217					
			Address			(4) (7)	202	
		OAKLAND, FL, 34787					2024 SEP	"Ti
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For fur	ther information c	oncerning this matter, please co		aar report notification	.,	E, FL	PM 12: 03	
JULIA	DA COSTA			800-1041		Fit	Ü	
	Name o	f Person	at ()_ Area Code	Daytime Telep	ohone Number			
Enclose	ed is a check for th	ne following amount:						
<b>≡</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		S60.00 Fili Certificate Certified ( (additional c	of Status Copy		
	Mailing Addres Registration S Division of C	Section	Regis	Address: stration Section sion of Corporal	ions			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYUS CAPITAL LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our rented Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
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:	<del></del>	
Principal office address MUST BE A STREET ADDRES.	<u>S</u> ;	<u> </u>
		<b>元</b>
Enter new mailing address, if applicable:		<del>5</del> <b>8</b>
Mailing address MAY BE A POST OFFICE BOX)	·	S C -
muning undress into the first of the first forty	· · · · ·	
		: 03
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>e</u>	• •
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street a	ddress
	Line: 1 to the inter a	
	City	
	Cui	nay Com

## 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 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
AMBR	J&K CONSULT LTD	TRIDENT CHAMBERS, P.O.	□Add
		ROAD TOWN, TORTOLA, TO BOX 1-46 UK	<b>≡</b> Remove
			Change
AMBR	LUCIANO YUKIO HARADA	AV ANGELICA 819, SANTA CECILIA	□Add
		SAO PAULO, SP 01227000 BR	
			Change
AMBR	LUCAS YOSHIO HARADA	2300 REEF CT	□Add
		ORLANDO, FL 32805	□Remove
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Tective date, if other than the date of filing:	Annual College	(optional)	
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	le statutory filing requir	ements, this date will no	ot be listed
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the e	arlier of: (b) The 90th	dav after ti
is filed.		, ,	•
09/17/2024			
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Laurono Hunda			
Signature of a member or authori:			

Filing Fee: \$25.00