

L20 000192570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

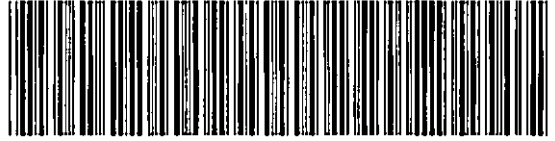
(Business Entity Name)

(Document Number)

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OCT 05 2020

10/05/20--01005--007 4443.75

STATEMENT

DEC 11 2020

2020 DEC -7 PM 3:32



272550-1 11/12/20  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2020

ELIOT TUYA  
TUYA INCOME TAX LLC  
1132 WEST 29TH STREET  
HALEAH, FL 33012

SUBJECT: TUYA INCOME TAX LLC  
Ref. Number: L20000192570

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 620A00022751

*Thanks, [Signature]*  
*11/27/20*

www.sunbiz.org

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TUYA INCOME TAX, 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:

ELIOT TUYA  
Name of Person

TUYA INCOME TAX, LLC  
Firm Company

1132 WEST 29TH ST  
Address

HALEAH, FL 33012  
City/State and Zip Code

TUYATAX@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

TUYA INCOME TAX, 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 07/07/2020 and assigned Florida document number p20000192570.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27 MAR -7 PM 3:32

**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*

*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, 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 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          | NORAH V TUYA | 17020 NW S2ND AVE | <input type="checkbox"/> Add               |
|              |              | HIALEAH FL 33015  | <input checked="" type="checkbox"/> Remove |
|              |              |                   | <input 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            |
|              |              |                   | <input type="checkbox"/> Add               |
|              |              |                   | <input type="checkbox"/> Remove            |
|              |              |                   | <input type="checkbox"/> Change            |
|              |              |                   | <input type="checkbox"/> Add               |
|              |              |                   | <input type="checkbox"/> Remove            |
|              |              |                   | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Nov - 27<sup>th</sup>, 2020

Signature of a member or authorized representative of a member

Eliot Tuya

Typed or printed name of signee