Loyuce zugey

. ((Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

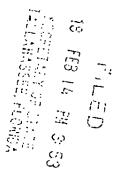
Office Use Only



500309178145

02/14/18--01008--009 **800.00





COVER LETTER

Division of Corp	orations		
CURIECT.	TOOJAY'S OF	THE VILLAGES, L.L.C.	
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
		Zazamiy Conquiny	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Tracy Esposito	
		Name of Person	
	TOOJA	Y'S OF THE VILLAGES, L.L.C	
	1000/	Firm/Company	<u></u>
		3654 Georgia Avenue	
		Address	
	W	est Palm Beach, FL 33405	
		City/State and Zip Code	
		tracye@toojays.com	
	E-mail address: (1	to be used for future annual report not	ification)
For further information coa	ncerning this matter, please ca	all:	
Jaymee Bearden		at (850) 577-6961	
Name of	Person		ne 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)

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OOJAY'S OF THE	VILLAGES, L.L.C.	
(Name of the Lim	ilted Liability Compai (A Florida Limited L	ny as it now appears on our record inbility Company)	1.)
The Articles of Organization for this Limited I	Liability Company	were filed on <u>04/08/2004</u>	and assigned
Florida document number L04000026904			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabl	lity company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
	•	NA .	
Enter new principal offices address, if appli		14/2	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		NA .	
(Mailing address MAY BE A POST OFFICE	BOX)		
		· -	
B. If amending the registered agent and	Vor registered of	ice address on our records	enter the name of the new
registered agent and/or the new registered of	ffice address here	:	<u> </u>
			新典 和
Name of New Registered Agent:	Edward Maxwe	il Plet	
			AS F
New Registered Office Address:	3654 GEORGI	A AVE Enter Florida street address	
		Enter Piorida street daaress	- 등의 목 U
	West Palm Bea	, 1 10	rida <u>33405:: </u>
		Cirv	Zip Cords

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 Regutered 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>	Address	Type of Action
MGR	Chris Artinian		Add
			☑ Remove
		333 Fern Street # 1415	Change
MGR	Edward Maxwell Piet	West Palm Beach, FL 33401	
			Remove
			Change
			Add
			□ Remove
			□ Change
			
			Remove
			Change
			Add
			Remove
			Add
			□ Remove
			□ Change

	<u> </u>					
						
						
		·			<u> </u>	
				·	<u> </u>	
						<u>ಹ</u>
						E8 33
					SSE YRY	= =
	<u> </u>				<u>FT-5-</u>	
<u> </u>					F STATE FLORIDY	<u> </u>
			<u> </u>		\$1	- &
-	<u></u>		-			
					_	
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	be specific and came ek does not meet	not be prior to d the applicable	late of filing or mo	(opti re than 90 days after requirements, thi	filing.) Pursuant	to 605.0207 be listed as (
he record specifies a delayed The 90th day after the reco	effective date rd is filed.	, but not a	n effective ti	me, at 12:01 a	a.m. on the e	earlier of:
Dated February 12	2	018				
			·) \			
	- C 1-					

Page 3 of 3

Filing Fee: \$25.00