

L04000084531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

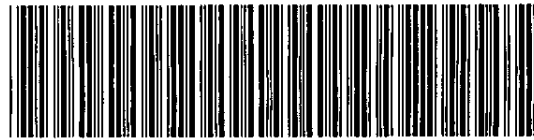
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01001--002 **625.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 MAY 22 PM 2:53

REGISTRAR OF CORPORATIONS

MAY 26 2015
D. BRUCE

GRAY ROBINSON
ATTORNEYS AT LAW

850-577-9090

JAYMEE.BEARDEN@GRAY-ROBINSON.COM

SUITE 600
301 S. BRONOUGH STREET (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

BOCA RATON
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TALLAHASSEE
TAMPA

May 22, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization

Dear Sir or Madame:

Please see the enclosed check number 412651 in the amount of \$625.00 and applications for twenty-five (25) Article of Amendment to Articles of Organization for the following LLCs:

- TooJay's Lake Worth, LLC
- TooJay's Jupiter, LLC
- TooJay's Polo, LLC
- TooJay's Stuart, LLC
- TooJay's Altamonte, LLC
- TooJay's Of West Boca, LLC
- TooJay's Colonial, LLC
- TooJay's At Dr. Phillips, LLC
- TooJay's Vero, LLC
- TooJay's of Lake Mary, LLC
- TooJay's Waterford Lakes, LLC
- TooJay's Tampa, LLC
- TooJay's Wellington Green, LLC
- TooJay's Coral Springs, LLC
- TooJay's Of Sarasota, LLC
- TooJay's Plantation, LLC
- TooJay's Glades, LLC
- TooJay's Of The Villages, LLC
- TooJay's Downtown Gardens, LLC
- TooJay's VLG II, LLC
- TooJay's Boynton Beach, LLC
- TooJay's Ocoee, LLC
- TooJay's Melbourne, LLC
- TooJay's Of Lakeland, LLC
- TooJay's Downtown Tampa, LLC

Please make note of the change in name of the AMBR which was previously the MBRM TooJay's Management Corporation is now **TooJay's Management, LLC** with no change in address as a result of a corporate conversion. Let me know if you have any questions or need any additional information.

Sincerely

Jaymee A. Bearden
Licensing Specialist

/jab
Enclosures

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2015 MAY 22 AM 10:03
TALLAHASSEE FLORIDA
CLERK OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TooJay's Downtown Gardens, 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:

Tracy Esposito

Name of Person

TooJay's Downtown Gardens, LLC

Firm/Company

3654 Georgia Avenue

Address

West Palm Beach, FL 33405

City/State and Zip Code

tracye@toojays.com

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

For further information concerning this matter, please call:

Jaymee Bearden

Name of Person

at (850) 577-9090

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2015 MAY 22 AM 10:03
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

TooJay's Downtown Gardens, 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 11/19/2004 and assigned
Florida document number L04000084531.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE FLORIDA

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

N/A

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	TooJay's Management, LLC	No Change in address.	☐ Add
			☐ Remove
			☒ Change
MGR	James Vinz	3222 Embassy Dr. W. Palm Beach, FL 33401	☒ Add
			☐ Remove
			☐ Change
MGR	Scott Neitschmann	5401 W. Leitner Dr., Coral Springs, FL 33067	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA

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

N/A

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TALLAHASSEE FLORIDA

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

May 20, 2015

Signature of a member or authorized representative of a member

James Vinz

Typed or printed name of signee

L13000 132520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATE REGISTRATION

MAY 20 2015
BRUCE

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE
TALLAHASSEE, FLORIDA 32312
(850) 656-4724
TOLL FREE: 844-541-6792

COVER LETTER

WALK IN

ENTITY NAME: VMSEB, LLC

CK # 1713

AMOUNT: 55⁰⁰

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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2015 MAY 22 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VMSB, 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:

Karen Rodriguez

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Parkway, S. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Rodriguez

770 777-2091
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2015 MAY 22 AM 10:03
CLERK OF STATE
TALLAHASSEE FLORIDA

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

VMSB, 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 09/18/2014 and assigned
Florida document number L13000132520.

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)

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>
MGRM	Nakash Casa LLC	1400 Broadway, 15th Floor	☐ Add
		New York, NY 10018	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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