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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE ALHADEFF LAW GROUP, P.L.

Account Number : 120130000097 Phone : (786)618-9703 Fax Number : (786)350-1826

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

## ELC AMND/RESTATE/CORRECT OR M/MG RESIGN TOGMIAMI, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TOGMIAMI, LLC			
(Name of the Limited Liabil (A Florid	lty Company as it now appears on our records.) la Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number L07000016539	und assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		en die nakur I (anta eran in nitaeran eran eran eran eran eran eran eran		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		
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		ASS 5		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	The off supply individual metricular property and a second supply and the second supply			
B. If amending the registered agent and/or registered agent and/or the new registered office add		T-		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
***************************************	, Flor			
	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

To: Florida Department of State Page 3 of 4

MGR = Manager

.If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member **Title** Name Address Type of Action MGR **ERIC MILON** 690 LINCOLN ROAD, SUITE 201 MIAMI BEACH, FL 33139 Rentove MGR **KEITH MENIN** 3050 BISCAYNE BLVD, PH. 1 MIAMI, FL 33137 ☐ Remove ☐ Remove

To: Florida Department of State	Page 4 of 4	2014-11-06 16:00 <sup>-</sup> 02 (GMT)	17863501826 From: The A	inadeir Law group, P
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Dated	NOVEMBER 6	2014 //// ////		
- the first of an include the second of the	Signature of	member or authorized feuresentative	of a member	

2014-11-06 16:00:02 (GMT)

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