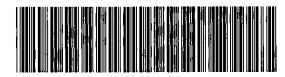
## LD7000044513

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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T. HAMPTON
AUG 8 0 2010
EXAMINER

## **COVER LETTER**

TO: Registrat Division of						
SUBJECT:	-	TOSALI CONSTRU	UCTION CO	MPANY, LL	.C	
			ited Liability Com			
The enclosed Artic	les of A	mendment and fee(s) are sub	omitted for filing.			
Please return all co	orrespone	dence concerning this matter	to the following:			
			TOLGA TOS	SYALI		
,			Name of Pers	son		
		TOSALI CO	NSTRUCTION		LLC	
			Firm/Compa	ny		
	1714 W LAS OLAS BLVD					
			Address			
		FTL	AUDERDALE	<u> </u>	<del></del>	
		CDA6	City/State and Zip			
		E-mail address: (	DEUROPEAN to be used for future	annual report notific	eation)	
For further informa	ation cor	ncerning this matter, please of	call:			
		A TOSYALI	at (_ 305	)	804-8845	
ľ	Name of 1	Person	Aı	rea Code & Daytime	Telephone Number	
Enclosed is a check	k for the	following amount:		•		
\$25.00 Filing F		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filin Certified C (additional		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	sed)
I I	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	R D C 2	TREET/COURING Section Section Division of Corpora Differ Building 661 Executive Cerallahassee, FL 32	n utions nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>ت</u>

			10	SIA
TOSALI CONS	STRUCTION COMP	ANY, LLC		무용
(Name of the Limited Liab (A Flor	ility Company as it now appoida Limited Liability Company	ears on our records.	<u>م</u>	유물
	, , ,	•	27	CE E
The Articles of Organization for this Limited Liabili	ty Company were filed on _	APRIL 25, 2007	and assign	negg C
Florida document number L07000044513	3		<del>-</del>	유 S
<del></del>			ଭା	AT
This amendment is submitted to amend the followin	g;		40	SNO
	-			
A. If amending name, enter the new name of the	limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with the	words "Limited Liability Con	pany," the designation "LI	LC" or the abb	reviation
"L.L.C."				
Enter new principal offices address, if applicable	:			<u> </u>
(Principal office address MUST BE A STREET AI	DDRESS)			
		· · · · · · · · · · · · · · · · · · ·		
	<del></del>			
Pakananan ang 18				
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX	2			<u></u>
B. If amending the registered agent and/or re		our records, <u>enter th</u>	ie name of	the new
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
Now Pagistared Office Address:				
New Registered Office Address:		Enter Florida street addr	ess	
		Florido		
_	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	SALVATOR PRAVATA	2744 SW 6 STREET DELRAY BEACH, EL 33445	Add _7 Remove
MGR_	DANE JACKMAN	1598 NE 154 STREET MIAMI, FL 33162	✓ Add Remove
			Add Remove
D. If amen	AUGUST 23	hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS 10 AUG 27 PM 1:59
	Signature of a mo	TOLGA TOSYALI  yped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00