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| (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: |
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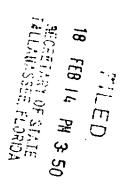
Office Use Only



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COVER LETTER

| Division of Co | orporations | | |
|---------------------------|---|---|---|
| SUBJECT: | TOOJA | AY'S COLONIAL | |
| SUBJECT. | | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | Tracy Esposito | |
| | | Name of Person | |
| | TC | OJAY'S COLONIAL, L.L.C. | |
| | | Firm/Company | |
| | | 3654 Georgia Avenue | |
| | | Address | |
| | w | est Palm Beach, FL 33405 | |
| | | City/State and Zip Code | |
| | E-mail address: (| tracye@toojays.com to be used for future annual report n | otification) |
| For further information | concerning this matter, please co | | · |
| Jaymee Bearden | | at (850) 577-696 | |
| Name | of Person | Area Code Day | time 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:

TO:

Registration Section

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

| | TOOJAY'S CO | LONIAL, LLC | |
|--|--|---|---|
| (Name of the Lin | ited Linbility Compa (A Florida Limited L | ny as it now appears on our re- liability Company) | cords.) |
| The Articles of Organization for this Limited Florida document number <u>L07000125240</u> This amendment is submitted to amend the fo A. If amending name, enter the new name | Liability Company | were filed on <u>12/18/200</u> 7 | |
| NA The new name must be distinguishable and contain the | words "Limited Liabili | ity Company " the designation " | 'I I C" or the shbrevistion "I I C" |
| Enter new principal offices address, if appli | icable: | NA NA | 7 (2 d) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u> </u> | NA | SEE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ords, enter the name of the new |
| Name of New Registered Agent: | Edward Maxwe | ell Piet | |
| New Registered Office Address: | 3654 GEORGI | A AVE | |
| | | Enter Florida street ad | dress |
| | West Palm Bea | ach | Florida 33405 |
| | | 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> | Address | Type of Action |
|--------------|---------------------|---|-----------------|
| MGR | Chris Artinian | | Add |
| | | | ☑ Remove |
| MGR_ | Edward Maxwell Piet | 333 Fern Street # 1415 West Palm Beach, FL 33401 | ☐ Change |
| | Edward Maxwell Fiet | | |
| | | | □ Change |
| | | | □ Add |
| | | | ☐ Remove |
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| Note: If the | te, if other than that is listed, the date is done inserted in this affective date on the | block does not | meet the applic | able statutory | or more than 90 of filing requirem | _ (optional) lays after filing. ents, this date |) Pursuant will not l | to 605. De liste | 0207 (d as ti |
| he record s The 90th | specifies a delay day after the re | ed effective ecord is filed | date, but no | t an effecti | ve time, at 1 | 2:01 a.m. | on the | earlie | r of: |
| Dated Fe | bruary 12 | | 2018 | | | | | | |
| 1>111+++ | | | | _ | | | | | |
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Page 3 of 3

Filing Fee: \$25.00