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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | Idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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S. YOUNG

COVER LETTER

| TO: Registration Sec Division of Cor | | | |
|---|--|---|--|
| SUBJECT: TooJay's \ | | | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | | | |
| | Tracy Esposito | | |
| | | Name of Person | |
| | Too louis Vers 11.0 | | 16 AUG -3 AH 9: 9 |
| | TooJay's Vero, LLC | Firm/Company | 16 JUG |
| | | • • | 3 v v v v v v v v v v v v v v v v v v v |
| | 3654 Georgia Avenue | | ω ₍₁ |
| | | Address | AM 9: 51 |
| | West Balm Beach, El. 3 | 2405 | ۍ ت |
| | West Palm Beach, FL 3 | City/State and Zip Code | |
| | tracy.esposito@TOOJA\ | · | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information co | oncerning this matter, please co | all: | |
| Jaymee Bearden | | at (850) 577-9090 | |
| Name of | Person | | Telephone Number |
| Enclosed is a check for the | e 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) |
| MAILI | NG ADDRESS: | STREET/COURIE | R ADDRESS: |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TooJay's Vero, LLC (Name of the Limited I | Liability Company as it now appears on our records.) Florida Limited Liability Company) | <u> </u> |
|--|---|--|
| (A) | Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on 12/18/2007 | and assigned |
| Florida document number L07000125260 | · | |
| This amendment is submitted to amend the followi | ng: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| N/A | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" o | |
| Enter new principal offices address, if applicabl | e: N/A | 6 P. |
| (Principal office address MUST BE A STREET A | DDRESS) | G SA |
| | | <u> </u> |
| | | AN EFF |
| Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | <u>5</u> |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | enter the name of the new |
| | | |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| - | , Flori | |
| | City | Zıp 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

11 3 63

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 | | | |
| AMBR | TooJay's Management, LLC | 3654 Georgia Ave., W. Palm Bch, FL 33405 | Add | | | |
| | | | ∠ Remove | | | |
| | | | Change | | | |
| MGR | Christopher J. Artinian | 52 Paddington Road, Scarsdale, NY 10583 | □ Add | | | |
| | | No Change. | Remove | | | |
| | | | Charge | | | |
| | | · · · · · | Change AUG - 3 Add - 3 ARemove | | | |
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_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 ____8/1/2016 Signature of a member or authorized representative of a member Christopher J. Artinian

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00