## L09000049771

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SECRETARY OF STATE
FALL MEASSEE ELONG.

## COVER LETTER

	itration Section ion of Corporations	4
SUBJECT: _	TOLLEY HOLDINGS, LLC	
Sobsect.	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning this matter to the following:	
	SONIA TOLLEY	
	Name of Person	
	Firm/Company	
	Address	
	DELRAY BEACH FL 33445	
	City/State and Zip Code	
	SONIA@GSTOLLEY.COM (1994) 4036  E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
	SONIA TOLLEYat ( 561 ) 637-3152	
	Name of Person Area Code & Daytime Telephone Number	r
	heck for the following amount:	
<b>₹</b> \$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  Tallahassee, FL 32301  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Conference Circle Tallahassee, FL 32301	

## ARTICLÉS OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

12 OCT -9 AM 10: 10

T	OLLEY HO	LDINGS, LLC	SECRET	ARY OF STATE	
(Name of the Limited	<u>l Liability Comp</u> A Florida Limit <mark>e</mark> d	LDINGS, LLC any as it now appears Liability Company)	on our records:)\\\A	SSEE, FLORIDA	
The Articles of Organization for this Limited L Florida document numberL0900004	iability Compan			and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited lia	bility company here	:		
	N/a	A			
The new name must be distinguishable and end wi"L.L.C."	th the words "Lin	nited Liability Compan	y," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> ) .				
B. If amending the registered agent and registered agent and/or the new registered o		<u>re</u> :	er records, enter (	the name of the new	
	3296	Investi A	EW Blui	<u> </u>	
New Registered Office Address:	<u> </u>	Enter		Florida street address	
	DE	LRAY BEACH	, Florida	33445	
•	- · · · ·	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<b>+•</b>			

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE S TOLLEY, JR	3296 LAKEVIEW BLVD DELRAY BEACH EL 33445	Add Remove
MGRM	THIAGO MATIELI	3296 LAKEVIEW BLVD DELRAY BEACH FL 33445	Add ☐ Remove
			Add Remove
<u></u>			Add Remove
	<del> </del>		Add Remove
<del></del>			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
_			_ _
  Dated	SEPTEMBER 04	2012	_
	- Jour	a (illy	
	Signature of a mem	ber or authorized representative of a member SONIA TOLLEY	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00