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EXAMINER



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SECRETARY OF STATE AND LARGE SECRETARY OF STATE AND LONG AND LONG

COVER LETTER

TO:	Registration Section Division of Corporation	15		en e		
ŠUBJE	CT:	TO	YOVAL, LLC.			
			mited Liability Company			
The enc	closed Articles of Amendn	nent and fee(s) are s	ubmitted for filing.			
Please r	eturn all correspondence of	concerning this matt	er to the following:			
	Prabodh C. Patel, Esquire					
			Name of Person			
	Straus & Patel, P.A.					
F			Firm/Company			
			118 West Orange Stre	et		
			Address			
	Altamonte Springs, FL 32714					
	City/State and Zip Code					
		city	wideauto06@hotmail. (to be used for future annual re	com		
				port notification)		
For furt	her information concernin	g this matter, please	e call:			
	Prabodh C	. Patel	at (407)	331-5505		
Name of Person			& Daytime Telephone Number			

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	TOYOVA Liability Compa Florida Limited L	L, LLC. ny as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Life Florida document number		were filed on	06/16/2009	and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of			:		
The new name must be distinguishable and end wit 'L.L.C."	n/a h the words "Limi		y," the designation "L	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		240 W. Carroll	Street		
Principal office address MUST BE A STREET ADDRESS)		Kissimmee, Fl	_ 34741	<u></u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		240 W. Carroll Kissimmee, Fl	देश [ा]	**	
3. If amending the registered agent and/o egistered agent and/or the new registered of			ur records, enter t	3 3 6	
Name of New Registered Agent:	Nousheen k	(han			
New Registered Office Address:	240 w. Carr		r Florida street add	ress	
K		lissimmee , Florida		34741	
		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 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 Register of 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 **Type of Action Address** Title <u>Name</u> **NOUSHEEN KHAN MGRM** 240 WEST CARROLL STREET ✓ Add Remove KISSIMMEE, 34741 VILMA TROCHEZ MGRM 782 MINK COURT ☐ Add ✓ Remove KISSIMME FL 34759 ☐ Add ☐ Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a Dated · Signature of a member or authorized representative of a member **NOUSHEEN KHAN**

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00