L09000069852

(Requestor's Name)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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· .(Business Entity Name)	÷
(Document Number)	<u>.</u>
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Certified Copies Certificates of Status	;
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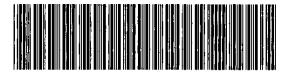
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EXAMINES

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CUDIECT.	Toral Enterprises, LLC
SUBJECT:	Name of Limited Liability Company
00.859	(10.91.21
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Prabodh C. Patel, Esquire
	Name of Person
	•
	Straus & Patel, P.A.
	Firm/Company
	T 2
	118 West Orange Street
	Address
	Altamonte Springs, FL 32714 City/State and Zip Code E-mail address: (to be used for future annual report notification) Cation concerning this matter, please call:
	Altamonte Springs, FL 32714
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Praba	dh C. Patel Esq. at (407) 331-5505
- France	Name of Person Area Code & Daytime Telephone Number
	•
	,
Enclosed is a che	ck for the following amount:
\$25.00 Filing	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	1
	MAILING ADDRESS: STREET/COURIER ADDRESS:
	Registration Section Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORAL ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) July 20, 2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L09000069852 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLG" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: n/a (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SURYAKANTABEN PATEL Name of New Registered Agent: 1607 U.S. Highway 41 N.W. New Registered Office Address: Enter Florida street address City

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.

Changing Registered Agent, Signature of New Registered Agen

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

Title <u>Address</u> **Type of Action** <u>Name</u> **MGRM** Sanjay K. Patel 1607 U.S. Highway 41 N.W. ☐ Add Jasper FL 32052 √ Remove **MGRM** Suryakantaben Patel 1607 U.S. Highway 41 N.W. ✓ Add Remove Jasper FL 32052 Remove Ramove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SURYAKATABEN PATEL, as managing member shall have the exclusive and sole authority to sell or buy or encumber real and personal property, including a package liquor license, and no other member or managing member shall have such authority to exercise said authority or power. 2009. Signature of a member or authorized representative of a member SURYAKANTABEN PATEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00