

L09 000 0122910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

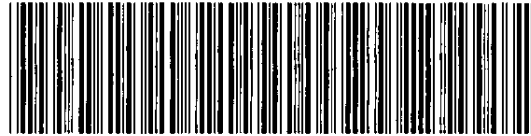
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800167685278

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -2 PM 2:07

RECEIVED
10 FEB -2 PM 1:38
DEPT. SECRET. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. HAMPTON

FEB -2 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 271634 7742637
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : February 2, 2010

ORDER TIME : 11:48 AM

ORDER NO. : 271634-005

CUSTOMER NO: 7742637

DOMESTIC AMENDMENT FILING

NAME: TOTO2010, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TITO2010, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/29/2009 and assigned
Florida document number L09000122910

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City) _____, Florida _____
(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 Registered Agent, Signature of New Registered Agent)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -2 PM 2:07

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	Name	Address	Type of Action
MGRM	Alvaro Fonseca	2171 NW 100 Ave. Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sandra Reuben	2171 NW 100 Ave. Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ricardo Fonseca	2171 NW 100 Ave. Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

February 01, 2010

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 2 PM 2:07