

L11000072390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

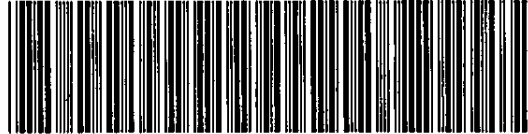
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TORLAND INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANWER SOMJI

Name of Person

TORLAND INVESTMENTS LLC

Firm/Company

95 SPRINGFIELD DRIVE

Address

MARKHAM. L3S 3H4

Ontario, Canada

City/State and Zip Code

somjia@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWER SOMJI

647

388-0957

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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

TORLAND INVESTMENTS 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 06/22/2011 and assigned
Florida document number L11000072390.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TORLAND INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7239 APACHE TRAIL

(Principal office address MUST BE A STREET ADDRESS)

HOLAND, OH 43528

Enter new mailing address, if applicable:

7239 APACHE TRAIL

(Mailing address MAY BE A POST OFFICE BOX)

HOLAND, OH 43528

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

, Florida

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 605, F.S. ~~On~~ 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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SALEEM KHAMIS	12 WARTON COURT	<input type="checkbox"/> Add
		THORNHILL, ON L3T 2P4	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HUSSEIN SOMJI	7239 APACHE TRAIL	<input checked="" type="checkbox"/> Add
		HOLLAND, OH 43528	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

SEPTEMBER 25TH, 2015

(optional)

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.

Dated

September 14th, 2015

Signature of a member or authorized representative of a member

Anwer Sonji

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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