## 1100001545

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	. Jeg
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TOBA CA 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:

**ERICK MALDONADO** 

Name of Person

TOBA CA LLC

Firm/Company

4614 N HIATUS RD.

Address

SUNRISE, FL 33351

City/State and Zip Code

tony.pestano@bssnusa.com

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

For further information concerning this matter, please call:

**ERICK MALDONADO** 

954,578-0016

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

TOBA CA LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L11000075454		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		<u> </u>
		7-13
Enter new mailing address, if applicable:		20 至 5
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	• =	nter the name of the nev
registered agent and/or the new registered orner	e address nere.	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida stre	et address
_		
	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 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
MGRM	ERICK MALDONADO SR.	4612 N HIATUS RD.	Add
		SUNRISE, FL 33351	Remove
MGRM	MARIA BELEN MALDONADO	4612 N HIATUS RD.	Add
		SUNRISE, FL 33351	Remove
			Add 1
			Remove
			55 57 Add
			Remove
			Add
			Remove
			Add
			Remove

information, enter change(s) here: (Attach additional sheets, if necessary,
, <i>2013</i> .
and Can
Signature of a member or authorized representative of a member
Account Typed or printed name of signee

Filing Fee: \$25.00

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