11000114091

(Requestor's Name)	
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PICK-UP WAIT MA	AIL
(Business Entity Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Cor			
The Tony	Center, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	united for filing	
	ondence concerning this matter	· ·	
	sidence concerning this tilliner	to the following.	
	Joseph A. Ford, Sr.		
		Name of Person	
	The Tony Center, LLC		
		Firm/Company	Name of Person Firm/Company Address City/State and Zip Code ties.com e used for future annual report notification) at (772
	760 SE Indian St.		
		Address	
	Stuart, FL		
		City/State and Zip Code	
	jford@fordinvestmentpro		
		•	itication)
For further information c	oncerning this matter, please c	all:	
Joseph A. Ford, Sr.			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Address			
Registration S Division of C		-	
P.O. Box 632	.7	The Centre of T	l'allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

The Fony Center, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L11000114091</u> .	y were filed on October 5,	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		923 A
		HASS
		MC ***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		08 5
		0 A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, g	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		, Florida
	Ciņ∙	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

N

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. 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 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>	Name	<u>Address</u>	Type of Action
AMBR	Joseph A. Ford, Jr.	760 SE Indian St. Stuart, FL 34997	• Add
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fective date, if other than the date of filing:		_ (optional)		
fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	filing or more than 90	days after filing.) Pu	rsuant to 6	605.020
cument's effective date on the Department of State's records.	atory runng requirem	ents, this date will	not be n	ารเดน ส
ecord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earli	er of: (b) The 90	th day af	fter the
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is filed.				
May 25, 2022				
is filed. May 25, 2023				
May 25, 2022				