

#L11000128246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

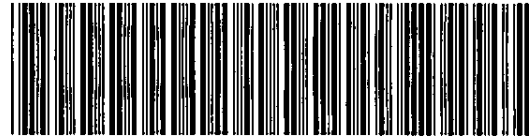
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toad House, 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:

Justin J. Klatsky, Esq.

Name of Person

Owens Law Group, P.A.

Firm/Company

811-B Cypress Village Blvd.

Address

Ruskin, FL 33573

City/State and Zip Code

justin@owenslawgrouppa.com

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

For further information concerning this matter, please call:

Alissa M. Martinez

Name of Person

at 813 633-3396 x306

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 | Victor L. Todd | 15241 Kestrelrise Drive | <input checked="" type="checkbox"/> Add |
| | | Lithia, FL 33547 | <input type="checkbox"/> Remove |
| MGRM | Victor L. Todd | 15241 Kestrelrise Drive | <input type="checkbox"/> Add |
| | | Lithia, FL 33547 | <input checked="" type="checkbox"/> Remove |
| MGRM | Tracy L. Todd | 15241 Kestrelrise Drive | <input type="checkbox"/> Add |
| | | Lithia, FL 33547 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

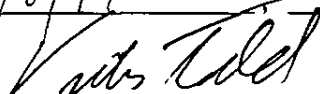
The Limited Liability Company is Manager Managed.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10/6/14



Signature of a member or authorized representative of a member

Victor L. Todd

Typed or printed name of signee

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Filing Fee: \$25.00

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