*L/1000/28246

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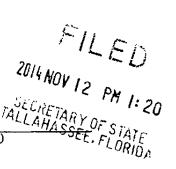
COVER LETTER

Division of Con			
SUBJECT: Toad	House, LLC		
SUBJECT:		ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin J. Kla	tsky, Esq.	
	Owens Law		
		Firm/Company	
	811-B Cypre	ess Village Blvd.	
		Address	
	Ruskin, FL 3	33573	
		City/State and Zip Code	
	justin@owenslaw	•	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Alissa M. N	dartinez	at (813) 633-3	396 x306
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



TOAD HOUSE, LLC

(Name of the Limited Liability Company as it now appears on our records,

	da Emilied Liaomity Company)	-OUIDV
The Articles of Organization for this Limited Liability Florida document number L11000128246	Company were filed on 11/10/201	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and end with the words "I	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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	1dress
		, Florida Zip Code
	City	Zip Code

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 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>	Address	Type of Action
MGR	Victor L. Todd	15241 Kestrelrise Drive	Add
		Lithia, FL 33547	□ Remove
MGRM	Victor L. Todd	15241 Kestrelrise Driv	e □ Add
		Lithia, FL 33547	■ Remove
MGRM	Tracy L. Todd	15241 Kestrelrise Drive	□ Add
		Lithia, FL 33547	Remove
		AL AT	SEORE Remove
			P TO Add 20 Remove
			Add Remove

). If amending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
The l	imited Liability Company is Manager Managed.
	
	
E. Effective date.	f other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	nent is filed by the Florida Department of State)
Dated	15/1/14 -
Dated	
	Vites Well
	Signature of a member or authorized representative of a member
Vi	tor L. Todd
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

