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COVER LETTER

Divi	sion of Corpo	orations		•	•
SUBJECT:	Toja LLC				•
SOBSECT!	•	Name of Limit	ted Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	lence concerning this matter t	o the following:	•	
	-	·	· · · · · · · · · · · · · · · · · · ·		
		Eduardo Ayala Maura		·· ,	
			Name of Person		
	•	4 1 F D4		•	
		Ayala Law PA			
			Firm/Company		
		1390 Brickell Ave, Suite 33	35		
			Address		
		Miami, FL 33131			
			City/State and Zip Code-		
		lawayala@gmail.com			
	,	E-mail address: (to	be used for future annual	report notification)	
For further in	formation con	cerning this matter, please cal	11:	• •	
Eduardo Aya	la Maura		305 570 at ()	0-2208	
Name of Person Area Code Daytime Telephone Number			ione Number		
					•
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc.		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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**

Toja LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L12000084546		
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	oility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		三 表 一门
(Principal office address MUST BE A STREET ADDRESS)		TI TO THE TOTAL OF
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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>	<u>Name</u>	<u>Address</u>	
MGR	Hector Tonante	247 SW 8 St. #894	Add
	•	Miami, FL 33130	■ Remove
			☐ Change
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		<u></u>		
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicabl	late of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursuant to ents, this date will not be	o 605.0207 e listed as
e record specifies a delayed The 90th day after the reco		n effective time, at 1	.2:01 a.m. on the e	arlier of
ated November 18	, 2016	<i>P</i>		
	Villetee	iei _		
	signature of a member or authoriz	ed representative of a member	er	

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Filing Fee: \$25.00