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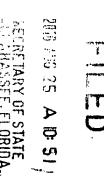
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COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: by tot Solutions 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:									
Gavanni F. Maltory									
Name of Person Firm/Company									
8724 SW 72 St.									
Migmi Florida 33173 City/State and Zip Code									
E-mail address: (1) be used for future annual report notification)									
For further information concerning this matter, please call:									
Name of Person at (786) 238-4176 Area Code Daytime Telephone Number									
Enclosed is a check for the following amount:									
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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 ORGANIZATION OF

Jan tost	<u>Salotions</u>	5 (((
(<u>Name of the Limite</u>	d Liability Cómpar A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Lia Florida document number \(\bigcup_{1200192} \)		were filed on September 18, 2012 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liabi	lity company here:
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8724 Sw 72 St #205
(Principal office address MUST BE A STREET ADDRESS)		Mrgmi F1 33173
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	8724 SW 72 St #205 Migm, +1 33173
B. If amending the registered agent and/o registered agent and/or the new registered offi		fice address on our records, enter the name of the new \mathcal{H}_{α}
New Registered Office Address:	8724 50	w 72 st 4205 Migm: fl 33/7=
- Miani		Enter Florida street address , Florida
New Registered Agent's Signature, if changing Re	egistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as regist	r and complete pered agent as peregraphical	the to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	If Chang	ging Registered Agent, Signature of New Registered Agent
	Page 1	- o -

or removed from our records: MGR = Manager **AMBR** = **Authorized Member** <u>Title</u> **Type of Action Address** <u>Name</u> 8724 SW 72 st £205 _□ Add Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add 81113 Remove 134 35 25 □ Add

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(If an ef Note: docum	ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day If the date inserted in this block does not meet the applicable statutory filing requirement on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12	its, this d	ling.) Pui late will	not be list	ed as the
(b) The	90th day after the record is filed.		011	., cuill	J. 311
Dated	August 8, 2016.		2		
	Sio materia	ECRE	2018 428	T	
	Signature of a member or authorized representative of a member	YARY	<u>~~</u> ∾>		•
	Grougni F. Martory	YOF	:31 >>		,
	Typed or printed name of signee	, e rs			
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Page 3 of 3

Filing Fee: \$25.00