L13000047356

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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NOT THE POPUL BE ACKNOWLEDGE SUFFICIENCY & FILING 16 JAN 19 AM II: 53

FILED
2016 JAN 19 AM 10: 46

K.SALY EXAMINER JAN 20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 962355 5156901
AUTHORIZATION Spelle le man
COST LIMIT : \$25.00
ORDER DATE : January 19, 2016
ORDER TIME : 9:35 AM
ORDER NO. : 962355-005
CUSTOMER NO: 5156901
DOMESTIC AMENDMENT FILING
NAME: TOSSED FRANCHISE INTERNATIONAL , LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Se Division of Con			
	inchise International, LLC		
SUBJECT:	Name of Lim	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:	
	Matthew P. Boyer		
		Name of Person	******
	Tossed Franchise Compan	y LLC	
		Firm/Company	
	1633 Broadway, Suite 180	2A	
	<u> </u>	Address	
	New York, New York 100	19	
	***************************************	City/State and Zip Code	
	mpb1@me.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Matthew Boyer		917 837-6652	
Name o	of Person	at () Area Code Daytime	: 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

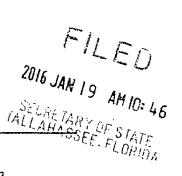
MAILING ADDRESS:

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



TOSSED FRANCHISE INTERNATIONAL, LLC

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

(**************************************	,		~otti
The Articles of Organization for this Limited Liability Company	were filed on	March 29, 2013	and assigned
Florida document numberL13000047356			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:	433 Plaza	Real	
(Principal office address MUST BE A STREET ADDRESS)	Suite 275		
	Boca Rate	on, FL 33432	
Enter new mailing address, if applicable:	433 Plaza	Real	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 27	5	
	Boca Rate	on, FL 33432	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter	the name of the ne
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	fmy duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is

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>	Type of Action
MGR	Brian Chodash	5550 Glades Road	☐ Add
		Suite 500	■ Remove
		Boca Raton, FL 33531	☐ Change
MGR	Jason Chodash	5550 Glades Road	□ Add
		Suite 500	■ Remove
		Boca Raton, FL 33531	☐ Change
MGR	Bruce Chodash	5550 Glades Road	□ Add
		Suite 500	■ Remove
		Boca Raton, FL 33531	☐ Change
MGR	Tossed Franchise Company LLC	433 Plaza Real	
		Suite 275	□ Remove
		Boca Raton, FL 33432	Change
			Add
			20 Seemoye AM 10: 46 Change AM 10: 46 CRemoye Constitution of the
			ORIZI FOR Remove

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Note:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Ant R
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00