

L13 000148941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

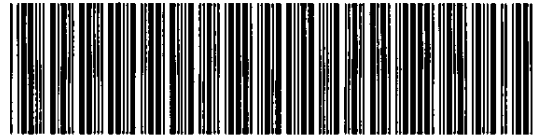
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**William A. Tenwick**  
**Attorney at Law**  
**P. O. Box 4090**  
**N. Ft. Myers, Florida 33918-4090**  
**(239) 567- 0623 Fax (239) 567- 1454**

November 1, 2013

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

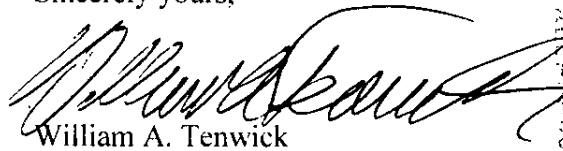
RE: TOSHI ENTERPRISES, LLC

Dear Sir or Madam:

The enclosed Articles of Amendment adding manager/members and check for \$25.00 for your filing fee are submitted for filing. Please return all correspondence concerning this matter to the above attorney at the indicated address.

For further information concerning this matter please call the above named attorney at the indicated telephone number. Thank you for your attention to this matter.

Sincerely yours,



William A. Tenwick

Enc. As Indicated

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TOSHI ENTERPRISES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 22, 2013 and assigned Florida document number L13000148941.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "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 ADDRESS)**

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**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ann Spackman	707 Hibiscus Ave.	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33972	<input type="checkbox"/> Remove
MGRM	Matt Spackman	707 Hibiscus Ave.	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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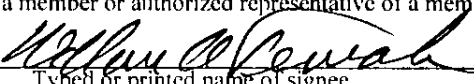
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Dated 11-1-13

Signature of a member or authorized representative of a member  
William A. Tenwick   
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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