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COVER LETTER

TO:	: Registration Se Division of Co		•	
61'f	T.O.	L., LLC		
SUI	SJEC1:		ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
		ondence concerning this matter	-	
•		Richard Co		
			Name of Person	
• •				
			Firm/Company	
4		6000 Collin	s Ave., Unit 519)
		***	Address	
		Miami Beac	h, FL 33140	
			City/State and Zip Code	······································
		rc@sl-rg.com E-mail address: ()	to be used for future annual report notil	(ication)
For	further information of	concerning this matter, please ca	·	,
	ichard Co		_{at} 305, 793-3	230
		of Person		c Telephone Number
Enc	losed 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

T.O.L., LLC				_	
(<u>Name of the Limite</u>	d Liability Compar 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 L13000158999 This amendment is submitted to amend the follo		were filed on 11/13/2013	and	assign	ed
	-	P			
A. If amending name, enter the new name of	the iimited habi	ncy company nere:			
. The new name must be distinguishable and end with the v	vords "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation	n "L.L.	C."
Enter new principal offices address, if applica	able:	6000 Collins Ave., Unit 51	9		
(Principal office address MUST BE A STREET	T ADDRESS)	Miami Beach, FL 33140			
1					
Enter new mailing address, if applicable:		6000 Collins Ave., Unit 51	19		
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	Miami Beach, FL 33140			
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:		:	nter the nar	ne of	the new
New Registered Office Address:	2665 S. Bay	yshore Dr., Ste 220	J. T		•
		Enter Florida strect address	Hin.	*>	
	Coconut Gr	ove, Florid	la 33133 Zip Ci		, * *
New Registered Agent's Signature, if changing R	tegistered Agent:	City	Zip Ci	nde <u>+</u> U :	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registheing filed to merely reflect a change in the recompany has been notified in writing of this experience.	er and complete stered agent as p registered office change.	performance of my duties, and I provided for in Chapter 605, F.S	am familiar . Or, if this d he limited lid	with a locume shility	ınd

Page 1 of 3

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			□ Add
			Remove
			Add
			Remove
			☐ Add
			Remove
			Add'
			□ Add
		<u>. ,</u>	Remove

D. If amending any other information, enter change(s) here: (Allaci	i additional sheets, if necessary.)
والمراف المحوري والمحافظ مراد والموجعة فيستان وسيحاطه فالمراجعة المحاف المحاف المحافظة والمحادة المعافدة المحافظة المحافظة	
1	7
E. Effective date, if other than the date of filing:	tontional)
E. Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and	cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	·
Dated July 29 2074	
Dated Vary	
Signature of a member or authorized repre	entative of a member
Richard Corrales	
Typed or printed name of s	
/ I Viru of infined barre of s	INUCC

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Filing Fee: \$25.00