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8/13/2015

L 15000037293

page 1  
Division of Corporations

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BOWMAN, GEORGE, SCHEB & TOALE, P.A.  
Account Number : I19990000222  
Phone : (941)366-5510  
Fax Number : (941)957-4890

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Email Address: saulperez@kulcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOO, LLC

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AUG 14 2015

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**COVER LETTER**

H15000195686 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOO, 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:

Kenneth D. Chapman, Jr.

\_\_\_\_\_  
Name of Person

Bowman, George, Scheb, Kimbrough, Koach & Chapman, P.A.

\_\_\_\_\_  
Firm/Company

2750 Ringling Blvd, Suite 3

\_\_\_\_\_  
Address

Sarasota, FL 34237

\_\_\_\_\_  
City/State and Zip Code

saulperezin@kulcorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth D. Chapman, Jr.

941 366-5510  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

H15000195686 3

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

H15000195686 3

TOO, 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 02/27/2015 and assigned  
Florida document number L15000037293

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 contain 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)**

**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*

City, Florida 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 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:

H15000195686 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KUL Management Services, Inc.	13907 North Dale Mabry Highway,	<input checked="" type="checkbox"/> Add
		Suite 216	<input type="checkbox"/> Remove
		Tampa, FL 33618	<input type="checkbox"/> Change
AMBR	Said Perez	13907 North Dale Mabry Highway,	<input type="checkbox"/> Add
		Suite 216	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33618	<input type="checkbox"/> Change
AMBR	Saul Perez	13907 North Dale Mabry Highway,	<input type="checkbox"/> Add
		Suite 216	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33618	<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated 7/23/2015, 2015

Signature of a member or authorized representative of a member

Kenneth D. Chapman, Jr., Authorized Representative

Typed or printed name of signee