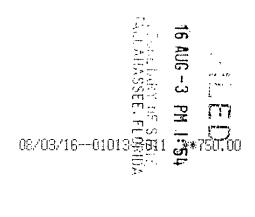
## L15000051984

Office Use Only



600288618586



16 AUG - 3 PH 1: 50

AUG 0 4 2016 Y SULKER

## **COVER LETTER**

TO	O: Registration So Division of Con			
SI	JBJECT: TooJay's	Hallandale, LLC		
51	BBBC1.		ited Liability Company	<del></del>
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
	1	5	5	
		Tracy Esposito		
			Name of Person	
		Top lovio Hollandolo I I	C	
		TooJay's Hallandale, LL	Firm/Company	
			ran Pro V	
		3654 Georgia Avenue		
			Address	
		West Palm Beach, FL 3		
			City/State and Zip Code	
		tracy.esposito@TOOJAY	S.com	
		E-mail address: (	to be used for future annual report notifi	cation)
Fo	r further information c	concerning this matter, please ca	all:	
Ja	ymee Bearden		at (850 ) 577-9090	
	Name o	f Person		Telephone Number
Èn	closed is a check for the	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

TooJay's Hallandale, LLC			
(Name of the Limi	(A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number _L15000051984	iability Company	were filed on 03/23/2015	and assigned
	<del></del> ,		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or ti	he abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	N/A	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	ROY)	TW/	
induing duaress with BE in OST OF THE	<u> 1077</u>	_	mg on
			5 5
B. If amending the registered agent and			iter the name of the new
registered agent and/or the new registered o	ffice address her	<u>e</u> :	
27 27 27	<b>A</b> 1.0		
Name of New Registered Agent:	NA		<u> </u>
New Registered Office Address:	<del></del>	F . Fl . 1	Total Company
		Enter Florida street address	
		, Florida	Zip Code
		City	Lip 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TooJay's Management, LLC	3654 Georgia Ave., W. Palm Bch, FL 33405	□ Add
			<b>☑</b> Remove
			☐ Change
MGR	Christopher J. Artinian	52 Paddington Road, Scarsdale, NY 10583	Add
		No Change.	□ Remove
			Change
			🗆 Add
		- 10 11 10 11	Remove
			□ Change
			6 Add 06
			□ Remove
		ELORIDA	Ghange 5
·			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)		
	<del></del>	<del></del>	
	<u></u>		
	<del>-</del>		
		<del></del>	
	<del> </del>		
	<u>, , ,</u>		
		<del></del>	
	2		
	SHE	AUG	
E. Effective date, if other than the date of filing:	SS A.	-3 F	t frag
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	Pursuant t	o 603.020 c listed a	7 (3)(b s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.		arlier o	of:
Dated 8/1/2016			
Signature of a member or authorized representative of a member  Christopher J. Artinian		_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00