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2015 OCT 27 AH IO: 50
SECRETARY LA STATE
ALLAHASSEE I LORID

OCT 28 2015 J. HARRIS

COVER LÈTTER

TO: Registration Section Division of Corporations
SUBJECT:TOCAN INVESTMENTS, 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:
Name of Person
FIRM/Company
1000 E. HAZLANDAZE BEARH BUD Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 527 - 3502 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$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

TOCANI INVE	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4500061731.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1541 BRICHELL AVE
(Principal office address MUST BE A STREET ADDRESS)	1541 BRICHELL AVE 1806
	MIAMI, FL 33129
Enter new mailing address, if applicable:	1541 BRICHELL AVE
(Mailing address MAY BE A POST OFFICE BOX)	1806
	MIAMI, FL 33129
registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter the name of the ne</u> :
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. If Cha	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability and named against Registered Agent, Signature of New Registered Agent
Page	1 of 3

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>	Address	Type of Action
MGR	FISCHER EZEQUIEL	FOOD E. HALLANDAZE BL	D □ Add
		# 78	Remove
		HALLANDARE BEACH, FL33	<u>∞</u> □ Change
			A dd
			Remove
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Effective date, if other than the date of filing: 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.) Pursuant to 605.022 force; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The effective date and advantage of the entire of th		, ,								
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Filing Fee: \$25.00