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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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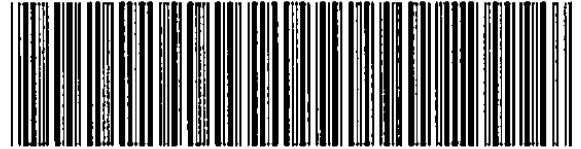
(Business Entity Name)

(Document Number)

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2020 NOV -9 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

12/16/20

a

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Toby Migliacci LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toby Migliacci  
Name of Person

Toby Migliacci LLC  
Firm/Company

3810 NW 46th ST  
Address

Cape Coral, FL 33993  
City/State and Zip Code

HappyTM20@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Migliacci at (914) 906-1607  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Toby Migliacci LLC

2020 NOV -9 PM 3: 28

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/13/2015 and assigned  
Florida document number L15000120823.

This amendment is submitted to amend the following:

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

Toby Migliacci Lauterbach LLC

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:

Toby Migliacci Lauterbach

New Registered Office Address:

3810 NW 46th ST

*Enter Florida street address*

Cape Coral

*City*

Florida

33993

*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.*

Toby Migliacci Lauterbach

**If Changing Registered Agent, Signature of New Registered Agent**



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.) Pursuant to 605.020'

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Toty Migliaccio-Lauterbach  
Signature of a member or authorized representative of a mem

Signature of a member or authorized representative of a member

Toby Migliacci Lauterbach  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**