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(Re	equestor's Name)	
(Ac	ldress) .	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration So vision of Co			
SUBJECT:	TooJay's	West Palm Beach, LLC		
• •		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	-	
		Tracy Esposito		
			Name of Person	
		TooJay's West Palm Be	each, LLC Firm/Company	
		3654 Georgia Avenue		
			Address	
		West Palm Beach, FL 3		and the state of t
		tracy.esposito@TOOJAY E-mail address: (City/State and Zip Code S.com to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please c	all:	,
Jaymee Be	earden		at (850) 577-9090	
		f Person	Area Code Daytime Telephone Number	
Enclosed is:	a check for the	ne following amount:		
≥ \$25,00 I	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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

H1500012465

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H15000124650 3

(Name of the Lin	LC nited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
he Articles of Organization for this Limited	Liability Company	were filed on _09/2	24/2015	_ and assigned
lorida document number L15000162838	,			
his amendment is submitted to amend the fo	llowing:			
a. If amending name, enter the new name	of the limited liab	oility company here	:	
N/A				
N/A he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	gnation "LLC" or the abbre	eviation "L.L.C."
inter new principal offices address, if appl	icable:	N/A	مد	85
Principal office address MUST BE A STRE			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	eryce o in 4 rec's accordance
			27 (37) (17)	300
		<u> </u>	AR.	
		NI/A		m
nter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE BOX)			22	<u> </u>
. If amending the registered agent and egistered agent and/or the new registered Name of New Registered Agent:			ur records, <u>enter th</u>	e name of the r
New Registered Office Address:				
		Enter Florida	street address	
			Elouido NA	
	NA	City	, Florida <u>NA</u>	Zip Code

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:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
AMBR	TooJay's Management, LLC	3654 Georgia Ave., W. Palm Bch, FL 33405	Add
			Remove
			Change
MGR	Christopher J. Artinian	52 Paddington Road, Scarsdale, NY 10583	
		No Change.	□ Remove
			☐ Change
			Add
		,	Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
		· 60 🖹	Add
		OF S	Remove
		RY OF STATE SET, FLORIDA	Remove Change

- -			
D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
			
	•	<u>, </u>	
			 ••
			
		·.	_
			_
			_
P P.60			
(If an e Note	ctive date, if other than the date of filing:(ceffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements, ment's effective date on the Department of State's records.	optional) after filing.) Pursuant to , this date will not be	605.0207 (3)(b) listed as the
If the n (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:0 ne 90th day after the record is filed.	01 a.m. on the ea	rlier of:
Date	d 8/1/2016		
	CA ()		
	Signature of a member or authorized representative of a member		
	Christopher J. Artinian	差 3	uncanaumen
	Typed or printed name of signee	SSA	
	Page 3 of 3	A D	Ö
	Filing Fee: \$25.00	PRI D	