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D. SCOTT DEC 6 2016

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	TOIC JY LLC Name of Limited Liability Company	
The enclos	d Articles of Amendment and fee(s) are submitted for filing.	
Please retu	n all correspondence concerning this matter to the following:	
	Alison Connors	
	Name of Person	
	Firm/Company	
	10438 Springrac Dr	
	Tampa FL 33626 City/State and Zip Code	
	Alison@ the connorsteam.con E-mail address: (to be used for future annual report notification)	$ \uparrow $
For further	information concerning this matter, please call:	
A	Son Connors at (813) 7583063 Name of Person Area Code Daytime Telephone Number	TALLAHAS SECRETAR
Enclosed i	a check for the following amount:	2000年
\$25.00	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Book Status}\$\$ \$55.00 \text{ Filing Fee & Book Status}\$\$ Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	Status 8

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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

TOLC:	TR LLC
(Name of the Limited L (A F	inbility Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L\\0000\\\02</u>	lity Company were filed on Aug. 26 2016 and assigned 26.
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e 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	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City 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:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Title **Address** Na me Alison Connors 104389 pringrose Dr - Add (EO __ Change MGR Alison Connors ☐ Change □ Add ☐ Remove _ Change □ Add □ Add □ Remove ☐ Change

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	ive date, if other than the date of filing: (optional)	
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	
(If an eff Note: docum	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not be listed as t
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Filing Fee: \$25.00