# 117000001419

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## **COVER LETTER**

то	: Registration Se Division of Cor			
SI II	TOOLMEN	COMPANY LLC		
30	DJECI:	Name of Limited	d Liability Company	ration)
		Amendment and fee(s) are submi	-	
Piei	ise return an correspo	indence concerning this matter to	the following:	
		LARET ANDRES CHANG		
			Name of Person	
		TOOLMEN COMPANY LLO	3	
			Firm/Company	
		9325 JASMINE FLOWER LI	N	
		- 1. T. I. R. L. P.	Address	
		ORLANDO, FL 32832		
			City/State and Zip Code	
		LARET.ANDRES@GMAIL.C		
		E-mail address: (to b	oe used for future annual report notifical	tion)
For	further information co	oncerning this matter, please call:		
LA	RET ANDRES CHA		321 315-2761	
	Name o	f Person	at () Area Code Daytime Te	elephone Number
Enc	losed is a check for th	ne 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

### TOOLMEN COMPANY LLC

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

(A Florida	Limited Liability Company)	ar records.	
The Articles of Organization for this Limited Liability Co Florida document number L17000001419	ompany were filed on 01/03/20	17	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office addr  Name of New Registered Agent:	ess nere:		
New Registered Office Address:			
-	Enter Florida street address		
	City	, Florida	7in Code
New Registered Agent's Signature, if changing Registered	•		rap som
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my d ent as provided for in Chapt d office address. I hereby cor	uties, and I am fa er 605, F.S. Or ij firm that the limi	miliar with and This document is seed liability
	Page 1 of 3		1: 23

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>	Name	Address	Type of Action
P	LARET ANDRES CHANG	9325 JASMINE FLOWER LN	■ Add
		ORLANDO, FL 32832	□ Remove
<u>.</u>			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			☐ Remove
		<del>.</del>	☐ Change
			Add — Add — Remove
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	specifies a del n day after the		date, but not a i.	n effective time	e, at 12:01	a.m. on	the ear	lier of
ated	₹ 03-03- <b>X</b>	-2017	exet Andre	()		1	2011	- September 1
,	X	Signature of		)	member	RETARY	6 - UVA	FILED
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			Page 3	of 3		24	<b>N</b> .)	

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