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COVER LETTER

Div	ision of Corpe	orations				
SUBJECT:	Todd Gak LL	C				
SUBSECT.		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Jill DiSalvo				
			Name of Person			
		DiSalvo & Associates PLL	.c			
Firm/Company						
		1760 N Jog Road Suite 150	0			
			Address			
		West Palm Beach, FL 3341	11		I	جې
			City/State and Zip Code			
		jdisalvo@d-acpa.com			AHASSI	
For further in	uformation con	e-mail address: (i neerning this matter, please co	to be used for future annual rep all:	port notification)	SSEE SS.	
		recome and maner, preune at			1 (<u>5.)</u> Ti	· 🗇
Jill DiSalvo			561 659-1 at ()		L CR	ے ج
•	Name of I	Person	Area Code	Daytime Telephor	ne Number	J
Enclosed is a	check for the	following amount:				
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos		\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

MAILING ADDRESS:

TO:

Registration Section

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

Todd Gak LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compare Florida document number <u>L17000076073</u>	ny were filed on 4/4/2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Liz	ibility Company," the designation "L	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7619 Solimar Circle	苏。 虽		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433	7		
	7619 Solimar Circle	HANSSEE A		
Enter new mailing address, if applicable:	Boca Raton, FL 33433			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:				
	City	Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agen	nt:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my duties, s provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is		

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
AMBR	Jason Fisher Enterprises LLC	2108 Chagall Circle Unit #3		
		West Palm Beach, FL 33409	■ Remove	
			☐ Change	
AMBR	Brooke Rabold	7619 Solimar Circle	Add	
		Boca Raton, FL 33433	_ □ Remove	
			CLAH SSS	
			rnc □ Remove	
			Constitution of the consti	
			□ Add	
			□ Remove	
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		<u> </u>	Add	
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Note: If the d	e, if other than the da te is listed, the date must be ate inserted in this block fective date on the Depa	does not meet the	applicable statutory	(opt g or more than 90 days after filing requirements, th	ional) er filing.) Pursuant to 605. is date will not be liste	0207 d as
	pecifies a delayed e day after the record		ut not an effect	ive time, at 12:01	a.m. on the earlie	er of
Dated		2017				
		Į.	111 1			

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Typed or printed name of signce

Filing Fee: \$25.00