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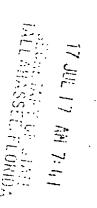
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COVER LETTER

Division of Corporations
SUBJECT: Toyo Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eriker G. Fonseca Matos
Toyo Construction LLC Firm/Company
2318 Andrews Valley Dr
Kissimmee FL 34758 City/State and Zip Code
Toyocanstruction IC @gmail.com E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Eriker G Forseca at (401) 928 - 6684 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Dayunie Telephone (Sunder
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Certified Copy (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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appearability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on _		and assigned
Florida document number $\frac{11700083434}{}$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company <u>l</u>	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2318	Andrew:	3 Valley Dr
(Principal office address MUST BE A STREET ADDRESS)	_Kissi	mmee FL	34758'
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:	ice address o	on our records, <u>e</u> i	nter the name of the new
			88
New Registered Office Address:	Enter Fi	orida street address	
	Cirv	, Florid	a Sin Gula
V Designated Agent's Countries of shonoing Designated Agents	Cuy		C. Link State
New Registered Agent's Signature, if changing Registered Agent:		Sec. 12 Sec.	

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jivinae Barilla	2318 Andrews Valley D Kissimmee FL 34758	Add Add
		Kissimmee FL 34758) ∫□ Remove
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fective date, if other in effective date is listed, in ote: If the date inserted cument's effective dat	he date must be spe d in this block doe	eific and cannot be p es not meet the ap	plicable statutory	g or more than	(option 190 days after trements, this	nal) filing.) Pursuant to 605.02 date will not be listed
record specifies a The 90th day afte	delayed effect the record is	ctive date, but filed.	not an effect	ive time,	at 12:01 a	.m. on the earlier
ned <u>/</u> 7	/12/20	017 // //	<u>f</u> .			
/	. 4	are of a member or	<u>/</u>			

Page 3 of 3

Filing Fee: \$25.00