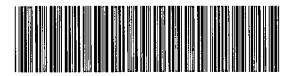
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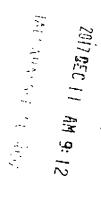
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Boodinesit Hallies)                    |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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17 DEC IN AMIL: 5



## **COVER LETTER**

| TO:            | Registration Se<br>Division of Cor |  |   |  |
|----------------|------------------------------------|--|---|--|
| SUBJE          | Later Control                      | HOLDINGS LLC                                 |   |  |
| SUBJE          | X, I :                             | Name of Lim                                  | aited Liability Company   |  |
|                |                                    | Amendment and fee(s) are sub                 | <del>-</del>  |  |
| Please         | return all correspo                | indence concerning this matter               | to the following:   |  |
|                |                                    | Sidney Roberts                               |   |  |
|                |                                    |  | Name of Person  |  |
|                |                                    | TOK LTC HOLDINGS L                           | LC  |  |
|                |                                    |  | Firm/Company  | ·  |
|                |                                    | 226 NOVA ROAD #396                           |   |  |
|                |                                    |  | Address   |  |
|                |                                    | Ormond Beach, FL 32174                       | 1   |  |
|                |                                    | Woodlandec2@aol.com                          | City/State and Zip Code   |  |
|                |                                    | E-mail address: (                            | to be used for future annual report notif                                 | ication)   |
| For fur        | ther information c                 | oncerning this matter, please co             | all:  |  |
| Sidney         | Roberts                            |  | 386 366-0254<br>at ()   |  |
|                | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number   |
| Enclose        | ed is a check for th               | ne following amount:                         |   |  |
| <b>■ \$</b> 25 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(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

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TOK LTC HOLDINGS ELC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liab</u><br>(A Flori  | lity Company as it now appears on our records.)<br>da Limited Liability Company) |  |
| The Articles of Organization for this Limited Liability  | Company were filed on 07/26/2017   | and assigned   |
| Florida document number L17000159273   | <i>.</i>   |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |  |
| The new name must be distinguishable and contain the words "Li   | nuted Liability Company," the designation "LLC" or                               | the abhreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  | \$17 <b>0</b>  |
| Principal office address MUST BE A STREET ADD  | (RESS)   | - 10<br>- 12<br>- 12<br>- 12<br>- 12<br>- 12<br>- 12<br>- 12<br>- 12 |
|  |  |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  |  | 5 <sub>2</sub>   |
|  |  | <u> </u>   |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |  | enter the name of the n  |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street address   |  |
| <u></u>  | , Floric   | da   |
|  | Cuy  | 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

| <u>Title</u> | <u>Name</u>  | Address                | Type of Action |
|--------------|--------------|------------------------|----------------|
| MGR          | TAPIA, JILI, | 135 AVALON DRIVE       |                |
|              |              | ORMOND BEACH, FL 32174 | ■ Remove       |
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|              |              | <del></del>            | Remove         |
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| nee .     |   |  |                              |  |                    |                                    |                            |
| t'an effi | ive date, if other tective date is listed, th | than the date of<br>e date must be speci | filing:<br>fic and cannot be | e prior to date of f                           | iling or more than | (optional)<br>90 days after filing | )<br>.) Pursuant to 605,02 |
| Note:     | If the date inserted ent's effective date     | in this block does                       | not meet the a               | ipplicable statut                              | ory filing requir  | ements, this date                  | will not be listed a       |
|           |   | ·  |                              |  |                    |                                    |                            |
| ne rec    | ord specifies a                               | delayed effect                           | ive date, bι                 | it not an effe                                 | ective time, a     | t 12:01 a.m.                       | on the earlier             |
| The       | 90th day after                                | the record is f                          | iled.                        |  |                    |                                    |                            |
| Dated     | December 5                                    | 1  | 2017                         |  |                    |                                    |                            |
| Dated_    | <u> </u>                                      | //.                                      | — <i>—</i>                   | ·  |                    |                                    |                            |
|           |   | 1  | 4.1/                         | /  |                    |                                    |                            |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00