

L17000194980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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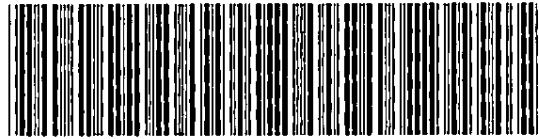
(Business Entity Name)

(Document Number)

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JAN 15 2020

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155 Office Plaza Dr Ste A Tallahassee FL 32301

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DATE: 1/14/20

NAME: TOUCHLAND LLC

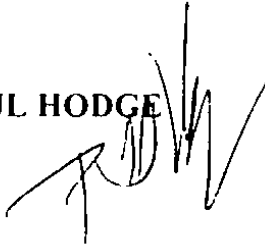
TYPE OF FILING: AMENDMENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'ABH' or similar, written over the printed name 'ABBIE/PAUL HODGE'.

**Registration Section
Division of Corporations**

ECT: Touchland LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Andrea Lisbona Vives

Name of Person

Touchland LLC

Firm/Company

100 SE 2ND STREET, Suite 2000, Office #24

Address

Miami, FL 33131

City/State and Zip Code

andrea.lisbona@touchland.com

E-mail address: (to be used for future annual report notification)

other information concerning this matter, please call:

Andrea Lisbona Vives

Name of Person

786 209-2329
at (_____) _____
Area Code Daytime Telephone Number

is a check for the following amount:

☐ \$0.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Touchland LLC

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

Articles of Organization for this Limited Liability Company were filed on September 15, 2017 and assigned
a document number L17000194980.

An amendment is submitted to amend the following:

amending name, enter the new name of the limited liability company here:

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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

moved from our records:

= Manager

R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Lisbona Vives, Andrea	100 SE 2ND STREET	<input type="checkbox"/> Add
		Suite 2000, Office #24	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
	Ruggero Grammatico	100 SE 2ND STREET	<input checked="" type="checkbox"/> Add
		Suite 2000, Office #24	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

§ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Word specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.

1 January 14, 2020.



Signature of a member or authorized representative of a member

Andrea Lisbona Vives, Manager

Typed or printed name of signee