L17000237033

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COVER LETTER

TO: Registration S Division of Co			
OF TO YOUR	RI ORLANDO, LLC.		
5000EC1.		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	CHRISTINE CHEW		
		Name of Person	
	CHRISTINE CHEW & AS	SOCIATES	
-		Firm/Company	
	539 N. MILLS AVE		
•		Address	
	ORLANDO, FL 32803		
	CCHEWINCORP@GMAIL		
•	E-mail address: (t	o be used for future annual report notifi-	cation)
For further information	concerning this matter, please ca	11:	
CHRISTINE CHEW		407 894-7259 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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

TORI TORI ORLANDO, LLC.		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2017	_ and assigned
Florida document number L17000237033		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	,,,	TAL SE
(Principal office address MUST BE A STREET ADDRESS)		LA AP
The state of the same of the state of the st		A A A
·		
Enter new mailing address, if applicable:		글
		STAT
(Mailing address MAY BE A POST OFFICE BOX)		F RATE
		`
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	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
AMBR	JIMMY TUNG	151 S ORANGE AVE	Add
		ORLANDO, FL 32801	Remove
			Change
			Add
			Removc
•			Change
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Effective date, if other than the date of filing:	g.) Pursuant to 605.02	207 (as t
1		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	. on the earlier	of:
Dated \(\frac{19/18}{2018} \)		
\star " \bigcirc \bigcirc \bigcirc		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00