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## **COVER LETTER**

	sion of Corp TOLEDO U	orations  NDERGROUND LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		ALMA D REYES MARTI	NEZ		
			Name of Person		
		TOLEDO UNDERGROU	ND LLC		
		•	Firm/Company		<b>30 3</b>
		3310 RIVER ESTATES D	R		ALLANI ASSA B SEP
		Address			
		WIMAUMA, FL 33598		,	20 PH
			City/State and Zip Code		20 PM 5: 00 20 PM 5: 00 SSEE, FLORIDA
		E-mail address: (	to be used for future annual report notifi	cation)	F 9
For further in	formation co	oncerning this matter, please ca	all:		
ALMA D RE	EYES MART	TINEZ	813 337-8678		
	Name of	Person		Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

TO:

**Registration Section** 

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOLEDO UNDERGROUND LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Company v	were filed on 01/16/2018	and assigned
Florida document number L18000012209		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SEP T
		20 E
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered offegistered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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
MGR	CUTBERTO TOLEDO-SANCHEZ	3310 RIVER ESTATES DR	
		WIMAUMA, FL 33598	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			FILI Se 20 LANGE SE
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(If an eff	o9/01/2018  ve date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (if the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207
	ent's effective date on the Department of State's records.	s date will not be fisted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the earlier of
Dated	SEPTEMBER 15 2018	
	Signature of a member of abrilogoed representative of a member	2
	ALMA D REYES MARTINEZ	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00