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722 (022) D GUGHING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TOSEF I TRYAK 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:		
Fredry M Garet		
Florida Legal Chambers D.A.		
18001 81d (stlet Docad Ste 637		
City/Sude/and Zip Code Figure + Coty of Code Figure + Coty of Code E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)	2	·".
For further information concerning this matter, please call:	20 JUN 18	: = ;
Frederic M. Garvett at (305), 377.880°2. Name of Person Area Code Daytime Telephone Number	<u>s</u>	· 2 · . - (- <
	¥K.11: 1/2	- A S S S S S S S S S S S S S S S S S S
Enclosed is a check for the following amount:	, 'n	0.5
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy Cadditional copy is enclosed		77

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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

To the state of th The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 1 18000 191319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If 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

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
Max	Melisa (Ollado Conaci	no 7390.100/14 Street	— Å≀dd
•		Direct F13318	(O □ □Remove
			□Change
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	06-13-20
	[/ [/ [/ [/ [/ [/ [/ [/ [/ [/ [/ [/ [/ [
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00