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## **COVER LETTER**

TO: Registration S Division of Co		•	
subject: <u>То</u> о	Tech, LLC Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Haley Ste	evens + Ryan Jac Name of Person	065
	ToolTe	Firm/Company	
	2053 SE Be	Address	<u>-</u>
	Port St. Luci haleytruslow	City/State and Zip Code  Ganall. com to be used for future annual report notifi	
For further information	E-mail address: (t concerning this matter, please ca		cation)
Haley Ste	Vens of Person	at ( <u>772</u> ) <u>301-4</u> Area Code Daytime	518 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)

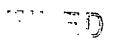
TO:

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



Too Tech, LLC	2019 SEP -9 PM 4: 17
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	• • •
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2053 SE Berkshine Blud Port St. Lucie, FL 34952
(Principal office address MUST BE A STREET ADDRESS)	Poit St. Lucie, FL 34952
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del>- ,</del>	City Zip Code
No. 15 Carlot A. 15 Charles Control Desiration de Annual	

## 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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ryan Jacobs	2053 SE Beikshire Blud Poit St. Lucie, FL 34952	🗹 Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			Change
	<del></del>		
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Note:	ive 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 90th day after the record is filed.
	9/7/19
Dated	
Dated	
Dated	Signature of a member-or authorized representative of a member  Haley Stevens  Typed or printed name of signee

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Filing Fee: \$25.00