49000012296

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01/22/19--01/31--004 **30,00

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	ECT:	TOYLIAG Name of Limit	olan, LC ited Liability Company	
The er	nclosed Articles of Arr	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	
		To	Mua Dlan JName of Person	
			Firm/Company	
		8741	Ribault Ave	
		Orla	City/State and Zip Code	
	-	E-mail address: (t	o be used for future annual report notifi	(COA)
For fu	rther information conc	erning this matter, please ca		
	Tonya Di Name of Pe	olan	at (40) Lood- Daytime	Cole D 2 Telephone Number
-46	sed is a check for the f	ollowing amount: \$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**

Jonua Dolan II	<u></u>		
(Name of the Limited Liability Company as it how appe (A Florida Limited Liability Company	ars on our records.)		
	1		
The Articles of Organization for this Limited Liability Company were filed on a	NOWAY 10, 2017 and assigned		
Florida document number <u>L 19000012296</u> .	٠		
This amendment is submitted to amend the following:			
	<u>.</u>		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :		
	<u></u>		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	· :		
(Principal office address MUST BE A STREET ADDRESS)	çò		
Timethan office and con the first th			
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 or registered agent and/or the new registered office address here:	on our records, enter the name of the n		
Name of New Registered Agent:			
New Registered Office Address:			
Enter FI	Enter Florida street address		
	, Florida		
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

11 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>	Name	<u>Address</u>	Type of Action
Mar	Torya Dolan	8741 Ribault Ave, Urla	ndy - Add
)			□ Remove
			Change
Mgr	Tonya K Dulan	8741 Ribacul + Ave, War	Waf L Add
			Remove
			Change
Mar.	Robert K Dolan	8741 Ribardt Ave, Oylandu, 1 328	<u>-L</u> W Add
,			☐ Remove
			Change
			□ Add
			Remove
			Change
			 □ Add
			ယ္ Remove
			Change
			🖸 Add
			Remove
			Change

nending any other information, enter change(s) here: (Attach additional	
	
	<u>;,</u>
	
	<u> </u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing remainent's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time ne 90th day after the record is filed.	e, at 12:01 a.m. on the earlie
d Lanuary 16 . 2019.	
Signature of a member of authorized representative of a	member

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Filing Fee: \$25.00