

Tote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000690293)))



То:	Division of Corporations Fax Number : (850)617-	6383	
From:	Account Name : REGISTERE Account Number : I20090000 Phone : (307)200- Fax Number : (855)330-	081	
Enter the annua	email address for this busing treport mailings. Enter only	ess entity to be one email address	used för futoge s please. **
	Address:		FEB 28 SETURY MILESCE
	.C AMND/RESTATE/CORRE	CT OR M/MG F	RESIGN: S ≩
LI	C AMIND/RESTATE/CORRE		<u></u>
LI	TONAREX		<u> </u>
LI			
LI	TONAREX	LLC	<u> </u>
LI	TONAREX Certificate of Status	LLC 0	<u> </u>

SIMMONS AVXXVO 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TONAREX LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Inbility Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/29/2019 and assigned		
Florida document number L19000029871	5岩 A T		
This amendment is submitted to amend the following:	ndment 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			
Enter new principal offices address, if applicable:	1680 MICHIGAN AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 700		
	MIAMI BEACH FLORIDA 33139		
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	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			

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 = X AMBR = X	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELENA PAK	46 Fycke Lane	Ø Add
		Teaneck, NJ 07666	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			FEB 28 Remain
			Remore Change Change
			□ Add
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	57 0A
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical	o date of filing or more than 90 days after filing.) Pursuant to 605.01
cument's effective date on the Department of State's records.	sic standary thing requirement, the case the second
	and the second s
record specifies a delayed effective date, but not	an enective time, at 12:01 a.m. on the earner
The 90th day after the record is filed.	
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Rim Tak	rized representative of a member

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Filing Fee: \$25.00