

L19000/40509

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TORII, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TORII, 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:

Benjamin Hedrick
Name of Person
Akerman, LLP
Firm/Company
98 SE 7th Street, Suite 1100
Address
Miami, FL 33131
City/State and Zip Code
benjamin.hedrick@akerman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Hedrick at (305) 982-5664
Name of Person Area Code Daytime 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)

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

FILED
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TALLAHASSEE, FLORIDA

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

TORII, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/03/2019 and assigned
Florida document number L19000140509.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 S. Biscayne Blvd.
Office No. 2845
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 S. Biscayne Blvd.
Office No. 2845
Miami, FL 33131

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

_____, 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TAMASHI, LLC	201 S. Biscayne Blvd.	<input type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
P	URCOLA, ALVARO	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
S	DIAZ, CARLOS	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AR	APARICIO, JOSE ANTONIO	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AR	SOLER, ROCIO	201 S. Biscayne Blvd.	<input type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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