

L19000/40509

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TORII, LLC**

Certificate of Status	0
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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

305 982-5664

Name of Personat (_____) _____
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

**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 "LLC" 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

City, Florida

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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19 AUG -1 AM 10:00

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19 AUG - 1 AM 10:00
FBI - NEW YORK

/s/ Carlos Francisco Diaz Bacallado
Signature of a member or authorized representative of a member

Carlos Francisco Diaz Bacallado
Typed or printed name of signee