

L19000 140 509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 20 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2019

WLODARCZYK ALEKSANDRA
TORII LLC
201 S BISCAYNE BLVD FLOOR 28, OFFICE 2845
MIAMI, FL 33131

SUBJECT: TORII, LLC
Ref. Number: L19000140509

We have received your document for TORII, LLC and check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00022108

2019 OCT 28 PM 8:06

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:

ALEKSANDRA WLODARCZYK
Name of Person

TORII LLC
Firm/Company

201 S BISCAYNE BLVD SUIT 2845
Address

33131 MIAMI FL
City/State and Zip Code

aleksandra@grupokabuki.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleksandra at (786) 870-0438
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TORI 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)

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 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>
<u>P</u>	<u>ALVARO URCA</u>	<u>2d S Biscayne Blvd</u>	<input type="checkbox"/> Add
		<u>Suit 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131, Miami, FL</u>	<input type="checkbox"/> Change
<u>S</u>	<u>CARLOS DIAZ</u>	<u>201 S Biscayne Blvd</u>	<input type="checkbox"/> Add
		<u>Suit 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131 Miami, FL</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>JOSE ANTONIO APARCIO</u>	<u>2d S Biscayne Blvd</u>	<input type="checkbox"/> Add
		<u>Suit 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131, Miami, FL</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TAMASHI LLC</u>	<u>2d S Biscayne Blvd</u>	<input type="checkbox"/> Add
		<u>Suit 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131, Miami, FL</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>ROCIO SOLER</u>	<u>201 S Biscayne Blvd</u>	<input type="checkbox"/> Add
		<u>Suit 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131 Miami, FL</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>ALEKSANDRA WLODARCZYK</u>	<u>201 S Biscayne Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suit 2845</u>	<input type="checkbox"/> Remove
		<u>33131 Miami, FL</u>	<input type="checkbox"/> Change

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<u>-P</u>	<u>ALVARO LIRCOLA</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131, Miami, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>S</u>	<u>CARLOS DIAZ</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131 Miami, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AR</u>	<u>JOSE ANTONIO</u> <u>APARCIO</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131, Miami, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>TAMASHI LLC</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131, Miami, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AR</u>	<u>ROCCIO SOLER</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131 Miami, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AR</u>	<u>ALEKSANDRA</u> <u>WLODARCZYK</u>	<u>201 S Biscayne Blvd</u> <u>Suit 2845</u> <u>33131 Miami, FL</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

