L19000 140 509

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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NOV 20 2019 S. YOUNG



October 26, 2019

WLODARCZYK ALEKSANDRA TORILLIC 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

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	TORII LLC		
SUBJECT:	Name of Limi	ted Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEKSAN	DRA WCC	PARCZYK
	TORII	Firm/Company	
	201 S P	SCAYNE P	SLVD SLUT 2845
	33131, M	Oity/State and Zip Code	·
	<u> </u>	dro @ Muni o be used for future annual report hot	skabuki com
For further information e	oncerning this matter, please ca	II:	
Aleksono Name o	of Person	at (<u>†86)</u> 87(Area Code Daytin	D - 0438_ ne Telephone Number
Enclosed is a check for the	he 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORI LLC	<u>.</u>
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number <u>LA9000/405</u>	Company were filed on $06/08/209$ and assigned 09 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	(RESS)
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
3. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the nedress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Crae

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

Title	Name	Address	Type of Action
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		33/31, Micumi, FE_	🗆 Change
<u>S</u>	CARLOS DIAZ	2015 Biscarpue Bl	Vd□ Add
		huit 2845	
		33/31 Micuni, Fl	🗆 Change
AR	JOSE ANTONIO APARCIO	20 8 Biscapue Elve	Add
	U HPHKCIO	huit 2845	
	,	33131, Miami, FC	□ Change
AMDR	TAMASHI LLC	201 & Priscarpie Blu	d □ Add
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.	
ed _	11/12/2019 / D. Davie	
	Signature of a member or authorized representative of it member	
	Signature of a medical of particular topic schillages of a money	

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORIL	LC	
(Name of the Limited 1	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L.PCCA</u>		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "L.I.C" or the abbreviation "L.I. C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	• /	r records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida y	Arcet address
	×11.	Florida
	City	XIP 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>	Name	Address	Type of Action
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		33/31 Micami, 71.	□ Change
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Filing Fee: \$25.00