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SEUBETÁRY ÖF STATE CHISTON OF CORPORATION:

amend

COVER LETTER

	stration Sect sion of Corpo		í	
SUBJECT:	MI	Johnston Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return a	all correspond	dence concerning this matter	to the following:	
		Mar	Name of Person	nston
		MION	Firm/Company	
		2627	NE YCK	
		Boynto, Dh. Man E-mail address: (1)	City/State and Zip Code Ly 63 @ V o be used for future annual report notion	101 mail. Compression
For further inf	formation cor	ncerning this matter, please ca	ill:	o to
Ma	Name of	John Ston Person	at (954)Daytime	
Enclosed is a	check for the	following amount:		
\$25.00 Fil	ling 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)
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

M Tohoslan 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 <u>06/04/19</u> and assigned Florida document number <u>L1900014</u> 8906
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 Name Registered Assets
Name of New Registered Agent:
New Registered Office Address: Enter Florida Arreet address
Emer Partai Sirver aduress
, Florida
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
and the obligations of my position as against and amount as provided for in Chapter 605 F.S. On if this document is

I hereby accept the appointment as registered agent and agree to act in this capacity. If 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>	Address	Type of Action
MGR	Marchy Johnston	Beach Fla 33435	DAdd
			□ Remove
			Change
			□ Add
			🗆 Remove
			□ Change
			□ Remove
			Change
			
			□ Remove
			Change
			□ Remove
			□ Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.
Dated OC+ 10 .2019.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00