## 119000262906

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600337841036

12/10/19--01014--012 \*\*90.00

19 DEC 10 PN 4:50

JAN 1 5 2020 S. YOUNG

## COVER LETTER

	IOURNEYS. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Bivision of Corporations  SUBJECT:    TOTORA JOURNEYS, LLC			
		Name of Person	
		Firm/Company	
	21312 SW 94 COURT		
		Address	<del></del>
	CUTLER BAY, FL 33189		
		City/State and Zip Code	
	•		
	E-mail address: (	to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all;	
MARTHA QUINONES			
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
_		<del>-</del>	
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTORA JOURNEYS, LLC		巨石
(Name of the Limited Liab (A Flor	oility Company as it now appears on our reco ida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L19000262906	Company were filed on OCTOBER 21.	2019 Tand assigned
This amendment is submitted to amend the following:		्रें हैं। अंदे
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "LE nter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AD)		.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vss
		Florida
	Ciţ	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 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	MARTHA L. QUINONES	21312 SW 94 COURT	□Add
		CUTLER BAY, FL 33189	■Remove
			□Change
AMBR	PABLO H. QUINONES	21312 SW 94 COURT	<b>≣</b> Add
		CUTLER BAY, FL 33189	□ Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Remove
			□Change.

_		_
-		_
_		_
_		_
_		_
_		_
_		_
_		_
_		
_		_
_		_
_		_
_		_
_		_
		_
_		_
ote:	re date, if other than the date of filing:	05 02 stea :
record Lis file	specifies a delayed effective date, but not an effective time, at $12;01$ a.m. on the earlier of; (b) The 90th day af $\underline{d}$ .	ier th
atud.	DECEMBER 5. 2019	
aica	410-CD1b1	

Typed or printed name of signee