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(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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OCT 28 2020

## COVER LETTER

TOSH STO	DRE LLC				
SUBJECT:  Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ELIAS F. TRUJILLO				
		Name of Person			
	TOSH STORE LLC				
	<del></del>	Firm/Company	. <del></del>		
	1658 BAY RD APT 703				
		Address			
	MIAMI, FL 33139				
		City/State and Zip Code			
	FERNANDOTRUJILLO11	@GMAIL.COM to be used for future annual report noti	tication)		
For further information of	concerning this matter, please co				
ELIAS TRUJILLO		786 2812611			
Name (	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TOSH STORE LLC

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(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 FLORIDA and assigned Florida document number <u>L20000196266</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: GLOBAL TAX & ACCOUNTING GROUP CORP Name of New Registered Agent: 3399 NW 72 AVE STE 216 New Registered Office Address: Enter Florida street address Florida 33122
Zip Code MIAMI

## 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.

City

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 22.381 22 PM 6: 22	Type of Action
MGR	ELIAS F. TRUJILLO	1658 BAY RD APT 703	<b>≣</b> Add
		MIAMI BEACH, FL 33139	□Remove
			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
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			□Change

N/A	
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Securative dues to make make a laboration of 60	09/17/2020 ling:(optional)
Effective date, if other than the date of file fan effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but to dis filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER, 17 Dated	2020
( ,	1-7, h
Signature	f a member or authorized representative of a member

Typed or printed name of signee