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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 1201400090P4
Phone : (305) 541-3980
Fax Number : (785) 713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOTONA GROUP, LLC

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TALLAHASSEE, FLORIDA

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BB
7/21/21

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

TOTONA GROUP 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 07/06/2021 and assigned
Florida document number 120000231724

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5537 SHELDON RD STE E

TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5537 SHELDON RD STE E

TAMPA, FL 33615

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:

VALLINA AND DAUGHTERS LLC

New Registered Office Address:

5537 SHELDON RD STE E

Enter Florida street address

TAMPA

Florida 33615

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.

DocuSigned by:

MARIA VALERIA VALLINA

029901A38256417

If Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	DELGADO, CARLOS ANIBAL	5537 SHELTON RD STE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DELGADO, PABLO RUBEN	5537 SHELTON RD STE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DELGADO, CARLOS ANIBAL	LARROQUE 779	<input type="checkbox"/> Add
		BANFIELD, LOMAS DE ZAMORA, BA 1828 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DELGADO, PABLO RUBEN	ruta 25 9100, puertos del lago, ceibos 83	<input type="checkbox"/> Add
		escobar, buenos aires 1625 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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STATE
TALLAHASSEE, FLORIDA

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10

E. Effective date, if other than the date of filing: _____ (optional)
(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)(b)
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.

If 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 JULY 6TH 2021

- DocuSigned by:

Carlos Anibal Martin Delgado

Signature of a member or authorized representative of a member

Carlos Amibál Martín Delgado

Typed or printed name of signee

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