# Florida Department of State

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(((H22000215182 3)))



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Division of Corporations

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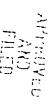
Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

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

Email Address:\_

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

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# H22000215182 3

From: TAXLEAF.COM CONTADORMIAMI.COM

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 5

TOTONA GROU (Name of the Limited Liability Comp. (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000231724		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and cuntain the words "Limited I tabi	ility Company," the designation "LLC" or the	e 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 n	ame of the new registered
agent and/or the new registered office address here:		2022
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	72
	, Florida	
New Registered Agent's Signature, if changing Registered Agent	•	 3 <b>7</b>

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

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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

Title	Name	Address	Type of Action
MGR	MARTIN DELGADO, CARLOS ANIBAL	5537 SHELDON RD STE E	□Add
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. Effective date, if other than to the an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	s block does not meet the ap	ppheable statutor,	g or more than 90 days a y filing requirements,	ational) fler filing.) Pursuant to 60: this date will not be list	5.0207 (3), ted as the
the record specifies a delayed effect cord is filed.	ctive date, but not an effecti	ive time, at 12:01	a.m. on the earlier of	; (b) The 90th day afte	er the
\$4.\$1.\$12E1	. 2022 Marth				
Dated		·			

Typed or printed name of signee