

L20 000249139

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOUGH CONSTRUCTION FL, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INNA ERLIKH

\_\_\_\_\_  
Name of Person

CORONA TAX SERVICES

\_\_\_\_\_  
Firm/Company

3800 S.OCEAN DR STE 216

\_\_\_\_\_  
Address

HOLLYWOOD, FL 33019

\_\_\_\_\_  
City/State and Zip Code

INFO@CORONATAXUSA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the 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**

TOUGH CONSTRUCTION FL, 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 08/14/2020 and assigned  
Florida document number L20000249139.

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)

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**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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.*

\_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
AP	AVIV, DAFNA	800 SOUTHEAST 4TH AVENUE 703	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MP	MASAMEY, DANIEL	800 SOUTHEAST 4TH AVENUE 703	<input type="checkbox"/> Add
		HALLANDALE BEACH 33009 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MP	HAZAN, ZUI GIDEON	800 SOUTHEAST 4TH AVENUE 703	<input type="checkbox"/> Add
		HALLANDALE BEACH 33009 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAZKAP GROUP INC	3370 NE 190TH STAPT 1207	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MASAMEY GROUP LLC	910 WEST AVE APT 618	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOLARIMON, INC.	800 SOUTHEAST 4TH AVENUE 703	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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**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.

Dated 11/24/2020.

Signature of a member or authorized representative of a member

Typed or printed name of signee