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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109

Phone : (561)544-8862

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

The Email Address: Solly (a) alm into a contract of the contract of ater the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TOLA, LLC

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Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUL - 5 2023

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOLA, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 03/01/2021 and assigned
Florida document number L21000099912	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
COMITANS USA LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	2023 JUN
<u> </u>	
	30 Sign
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P# 12:
	ਦੁੱਜੀ ਹ
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
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 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	VICTORIA I. AROZA KLOSTERMANN	150 SE 2nd Ave	≅Add
		#712 ·	□Remove
•		Miami, FL 33131	[]Change
MGR	EMILIANO MASNATTA	150 SE 2nd Ave	\(\sum_{\text{Add}}\)
		#712	□Remove
		Miami, FL 33131	
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