

L2100099912

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000232823 3))



H23000232823ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 30 PM 12:13

FILED

RECEIVED

2023 JUN 30 PM 3:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUL - 5 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOLA, 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 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 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)

2023 JUN 30 PM 12:13 SECRETARY OF STATE

FILED

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>
MGR	VICTORIA I. AROZA KLOSTERMANN	150 SE 2nd Ave	<input checked="" type="checkbox"/> Add
		#712	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	EMILIANO MASNATTA	150 SE 2nd Ave	<input checked="" type="checkbox"/> Add
		#712	<input type="checkbox"/> Remove
		Miami, FL 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUN 30 PM 2:13
 CLERK OF DISTRICT COURT
 MIAMI, FL 33131

FILED

