Division of Corporations

Rlong Department of State Division of Corporations Referrong Filling Cover Sheet

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S. ROBERTS

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TON COMPANY LLC	
(Name of the Lin	nited Liabitin Comp (A Florida Limited	any as it now appears on our recor Liability Company)	ds,)
The Articles of Organization for this Limited	Liahility Compan	were filed on 03/18/2021	and assigned
Florida document number L21000127348	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	مے
N'A			•
The new name must be distinguishable and comain the	words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		:
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOXI		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	·		
		Enter Florida street addres	(4
			orida
		Cuņ	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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	GUISEULE L MEDELLIN	10980 NW 14 ST H 209 MIAML FL 33167	
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N/A	ation, enter change(s) here: (Attach additional sheets, if necessary.)
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For the date suscited in this old	JUN GOES HOLDINGEL THE APPLICABLE STATUTORY filting requirements, this date will not be a
ment's effective date on the De	epartment of State's records.
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OCTOBER 23	2027
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Mari	Signature of a member or authorized representative of a member

Filing Fee: \$25.00