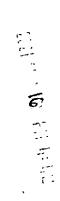
# h21000 286 179

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



08/23/21--01025--034 \*+25.60



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2021

AUSTIN AMBROZI 15793 SW 146TH TERRACE MIAMI, FL 33196

SUBJECT: MR TOKES LLC Ref. Number: L21000286179 2921 AUS 16 PH 12: 11

NEOEIVED

We have received your document for MR TOKES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00017302

Alecia Rivers Regulatory Specialist II

### **COVER LETTER**

TO: Registration Sec Division of Cor					
MR TOKES	SILC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Austin Ambrozi				
		Name of Person			
	MR TOKES LLC				
		Firm/Company			
	15793 SW 146th Terrace				
	Address				
	Miami, Florida 33196				
		City/State and Zip Code			
	austinkambrozi@gmail.com F-mail address: (1	to be used for future annual report not	ification)		
For further information of	concerning this matter, please co				
Austin Ambrozi		816 387-7712 at ()			
Name c	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he 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 Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR TOKES LLC		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	_ <del>.</del>
The Articles of Organization for this Limited Liability Corr	ppany were filed on June 21, 2021	and assigned
lorida document number 1.21000286179		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of tent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new register
ent and/or the new registered office address here:		
Name of Name Day and LA		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Parin 12 - 1	<u></u>
	Enter Florida street address	· <del>5</del>
	, Florida	
	City	Zıp 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. Thereby 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>	<u>Address</u>	Type of Action
AMBR	Issac Hicks	15793 SW 146th Terrace Miami, FL 33196	≣Add
			□Remove
			ClChange
AMBR Christopher Hall	Christopher Hall	5991 Homestead Ct. Hilliard, OH 43026	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 🗆 Add
			□Remove
			□Change
	<del></del>		DAdd
		-11-1	` □Change
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			□Remove

□Change

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ffecti	we date, if other than the date of filing:
Sole:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used a
locum	ent's effective date on the Department of State's records.
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record d is fil	
	MONTH ALLALIA 11th 2021
Dated (	ALGUST 1 2021
	Austin (mal)/1122
	Signature of a member or authorized representative of a member
	Austin Ambrozi
	Typed or printed name of signee