121000448448

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

Office Use Only



700377851547

12/15/21--01010--003 **25.00

21 DEC 15 PH 3: 31

T. MATTHEWS

JAN 10 2022

COVER LETTER

TO:		stration Sect sion of Corp				
SUBJEC		TOOTLAND	ENTERPRISES LLC			•
SOBJE	C	.	Name of Lim	ited Liability Company	·	
				-		
			JEAN WAGNER DIEUJU	STE		
				Name of Person	 	
			TOOTLAND ENTERPRIS	SES LLC		
Firm/Company						
			529 S. PARSONS AVE S	uite 904		
				Address	·	
			BRANDON, FL 33511			
				Name of Limited Liability Company and and fee(s) are submitted for filing, ancerning this matter to the following: WAGNER DIEUJUSTE Name of Person LAND ENTERPRISES LLC Firm/Company PARSONS AVE Suite 904 Address Area Code Daytime Telephone Number ag amount: Of Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address:		
			tootland@gmail.com			
			E-mail address: (to be used for future annua	Il report notification)	
For furth	er inf	ormation con	cerning this matter, please ca	ill:		
JEAN W	/AGN	IER DIEUJU	STE		06-2275	
		Name of P	erson		Daytime Teleph	one Number
Enclosed	lisad	check for the	following amount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
	<u>Maili</u> Dagi	ing Address:	ction	Street A	Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

21 DEC 15 PH 3: 31

۷۱	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
ne Articles of Organization for this Limited Liability Company were filed on	and assigned
orida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
n e e e e e e e e e e e e e e e e e e e	
The state of the s	2000
3. If amending the registered agent and/or registered office address on our records	, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stree	et address
	Florida Zip Code
City	гір Сой
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capaci provisions of all statutes relative to the proper and complete performance of my du accept the obligations of my position as registered agent as provided for in Chapte being filed to merely reflect a change in the registered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document i

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>	Address	Type of Action
AMBR	ROSEANN SALCEDO	529 S. Parsons Ave Brandon, FL 33511	= Add
			Remove
			□Change
AMBR	GISELLE COLLINS	138 Lincoln Road East Stroudsburg, PA 18302	= Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		····	□ Remove
			□ Change

			
		<u>. </u>	
			
	-		
			<u></u>
			<u>.</u>
			
<u> </u>			<u></u>
			<u></u>
			<u>-</u> _
			
ffective date, if other than the date of fi	12/04/2021 ling:	(optional)	
f an effective date is listed, the date must be specific Note: If the date inserted in this block does not locument's effective date on the Department of	and cannot be prior to date of fi ot meet the applicable statute	ling or more than 90 days after filing.) Pursuant ory filing requirements, this date will not l	to 605.0207 (3) be listed as the
record specifies a delayed effective date, but d is filed.	not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th da	y after the
DECEMBER 4TH Dated	2021		
- / / / ///			

Typed or printed name of signee