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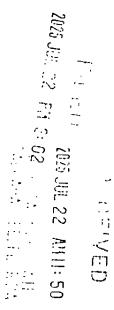
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Toho Grap LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Herri Ann Sullivan Name of Person
Toho Group LC Firm/Company
4637 Cross Prairie PKwy Address
Saint Cloud, FL 34772 City/State and Zip Code Kalrealestate @ live. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 437-2893 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 JUL 22 PH 3: 01
• • • • • • • • • • • • • • • • • • • •

(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100504213</u> .	were filed on 12 1	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Toho Realty Group LC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4637 Cros	s Prairie PKwy
(Principal office address MUST BE A STREET ADDRESS)	_Saint Clau	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	4637 Cros	5 Prairie PKwy
(Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud.	FL 34772
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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>	<u>Address</u>	Type of Action
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	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00