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COVER LETTER

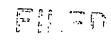
	gistration Sec vision of Corp			
end lezer.	TONISA LI	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
lease retur	n all correspo	ndence concerning this matter	to the following:	
		EVELYN M RODRIGUE		
			Name of Person	
		TONISA LLC		
			Firm/Company	
		2910 HARVEST LANE		
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		E-mail address: (ALECOM to be used for future annual report not	ification)
For further i	information co	oncerning this matter, please ca		
EVELYN N	a rodrigu	EZ	at () 325-5445 Area Code Daytin	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	illing Addres		Street Address:	vetion
	gistration S vision of C	section orporations	Registration Section Division of Corporations	
	O. Box 632		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -3 PM 5: 01

TONISA LLC

SEGRETARY DESIGN

(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 Compa	any were filed on 11/30/2021	and assigned
Florida document number $\frac{L21000507929}{L21000507929}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
FLORICUAS LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NOT APPLICABLE	
(Principal office address MUST BE A STREET ADDRESS	2	company." the designation "LLC" or the abbreviation "L.L.C." OT APPLICABLE OT APPLICABLE ress on our records, enter the name of the new registered Enter Florida street address Florida
	NOT APPLICABLE	
Enter new mailing address, if applicable:	NOT ATTECABLE	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records, <u>c</u>	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:		
<u> </u>	Enter Florida street d	uldress
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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រោ effi ote:	ve date, if other than the date of filing:
ecor is fil	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 ed.
	12/29/2021
ited .	
ated .	Signature of a member of authorized representative of a member

Filing Fee: \$25.00