## L22000092220

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS

JAN 3 1 2023



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SECRETARY OF STATE



January 6, 2023

JOEL A CAMPBELL 10916 KENBROOK DR. RIVERVIEW, FL 33578

SUBJECT: TONYCAM LLC Ref. Number: L22000092220

We have received your document for TONYCAM 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Alecia Rivers Regulatory Specialist II

Letter Number: 123A00000372

IAN 27 2023

## COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT:	
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:	
Name of Person	
TOMYCAM LLC Firm/Company	
10716 Kenbrook pr Address	
Riverview FL 33578	
City/State and Zip Code  1021 Comphe 1 10 hot mail . Lom  E-mail address: (to be used for future annual report notification)	٠
for further information concerning this matter, please call:	
Name of Person at (913) 512-9696  Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TONICAM LLC (Name of the Limited Liability Compar	ny as it now appears on our records.)
(A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/10/2022 and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	610 E Zack St.
(Principal office address MUST BE A STREET ADDRESS)	
Timefal office address 1200x DE /101REET /1DE RESE/	Svite 110-4022 Tampa, FL 33602
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If I all the late of the la	diament on any records output the name of the new verictored
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	To S
	F JAN SECRET TALLAN
Name of New Registered Agent:	
New Registered Office Address:	mil mil
	Enter Florida street address
	Florida RE
	City Zif Code—
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. Or, if this document is
peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If 'mending 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
<del></del>			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			☐ Change
			□Add
	·		□Remove
			Change
		□Remove	
			□Add
		□Remove	
		□Change	
		□Remove	
			□Change

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	•
Note: If the	ate, if other than the date of filing:
•	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signatury of a member of authorized representative of a member  Joel Lambel  Typed or printed name of signee
	Joel Lambell Typed or printed name of signee

Filing Fee: \$25.00