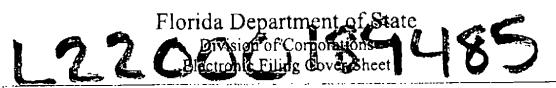
7/1/22, 12:43 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000226618 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 : (954)384-8565 ; (954)385-5175 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOYOMONAGAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

JUL - 5 2022

K. Brumbley

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TOYOMON	AGAS LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	DIEGO FIGUEROA		
		Name of Person	
	E&FLATTN GROUP LL	C	
		Firm/Company	
	1820 N CORPORATE LA	KES BLVD SUITE 109	
		Address	
	WESTON, FL 33326		
		City/State and Zip Code	
	diego@eflatinaccounting.co	m to be used for future annual report notification)	
For further information co	oncerning this matter, please or		
DIEGO FIGUEROA		at ()954 384 8565	
Name of	Person	Area Code Daytime Telephone N	umber
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOYOMONAGAS LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	an our records.)	
The Articles of Organization for this Limited Liability Company were filed on	05/09/2022	and assigned
Florida document numberL22000189485		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our re	ecords, enter the name	of the new register
agent and/or the new registered office address here:	-	20
	-	22 J
Name of New Registered Agent:	•	
New Registered Office Address:	ida street address	
2.40.1	, Florida	
Clty	, FIONUS	- Ziprende
New Registered Agent's Signature, if changing Registered Agent;		90

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 filled 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 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>	Name	Address	Type of Action
MGR	CARLOS A RAMIREZ CONDE	4803 SW 119TH AVE	
		COOPER CITY, FL 33330	□Remove
			☐ Change
MGR JACINTO J RAMIREZ CONDE	4803 SW 119TH AVE	≣Add	
		COOPER CITY, FL 33330	□Remove
			□Remove
			Change
			CAdd
			Remove
			[]Add
			□Remove
			☐ Change
			DAdd
			□ Remove
			□ Chuene

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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the record	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.
Decel	Signature of a member or authorized representative of a member
Dated	
Dated	

Filing Fee: \$25.00