

L220000339971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

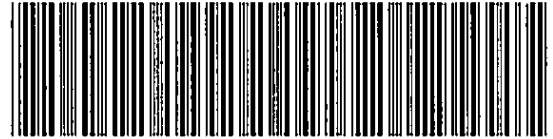
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J. HORNE
NOV 30 2022

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11/30/22 --0.000--007 **30.00

11/30/22 11:10 AM

2022 NOV 30 PM 1:10

2022 NOV 30 PM 1:20
SECRETARY OF
TALLAHASSEE

F11 F1D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOEK'S 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:

JOAN P. BELTON
Name of Person

TOEK'S LLC
Firm/Company

1320 N.W. 9TH TERR
Address

FORT LAUDERDALE, FLORIDA 33311
City/State and Zip Code

TOEKS.LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN P. BELTON at (954) 673-9705
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

TOEK'S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV 30 PM 1:19
SECRETARY OF
STATE

The Articles of Organization for this Limited Liability Company were filed on 08/02/2022 and assigned Florida document number 22000339971.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2909 N.W. 17TH TERR
OAKLAND PARK, FLORIDA
33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1920 N.W. 9TH TERR
FORT LAUDERDALE, FLORIDA
33311

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOAN P. BELTON

New Registered Office Address:

2909 N.W. 17TH TERR

Enter Florida street address

OAKLAND PARK

City

Florida

33311

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>	<u>Type of Action</u>
<u>RA/AMBR</u>	<u>JAVORIS D. PHILLIPS</u>	<u>1320 N.W. 9TH TERR</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FLORIDA 33311</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JOAN P. BELTON</u>	<u>1320 N.W. 9TH TERR</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FLORIDA 33311</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JAVORIS D. PHILLIPS</u>	<u>1320 N.W. 9TH TERR</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FLORIDA 33311</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

JAVORIS, J. PHILLIPS
Typed or printed name of signer

Filing Fee: \$25.00