L22000410851

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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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11/27/23--01046--008 **80.00

COVER LETTER

Division of Cor			·
Tonino Cap	pital, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony I. Hoyos		
		Name of Person	
	Tonino Group, LLC		
		Firm/Company	
	131 S Federal Hwy, Apt 6	28	
		Address	
	Boca Raton, FL 33432		
	anthony@toninogroup.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	
Anthony Hoyos		917 942-0804	
Name o	f Person	at () Area Code Daytime T	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Tonino Capital, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Jompany as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	npany were filed on 09/20/2022	and assigned
lorida document number 1.22000410851		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
Conino Group, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		() () ()
		- - -
nter new mailing address, if applicable:		. 3
Mailing address MAY BE A POST OFFICE BOX)		2.7
		<u>.</u>
		-)
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	ffice address on our records, enter th	ie name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street address	
	. Flor	ida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>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
			□Change
			□Add
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			□Remove
			Chapus

Page 2 of 3

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of: se $90th$ day after the record is filed.
Date	d_11/20123
	Watty & Haro
	Signature of a member or authorized representative of a member

Page 3 of 3