# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000430925 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Fax Number

Phone : (305)226-8727 : (305)226-8767

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

Email	Address:	
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TORO GROUP SERVICES LLC

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P.001/010



December 22, 2022

#### FLORIDA DEPARTMENT OF STATE

TOTAL PAYMENT STRATEGIES LLC /TORO GROUP SERVICES LLC 2912 SANS PAREIL ST JACKSONVILLE, FL 32246

SUBJECT: TOTAL PAYMENT STRATEGIES LLC / TORO GROUP SERVICES LLC REF: #22000428858

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name you have on the cover page and the name you have on the amendment must be the same. The cover page has TOTAL PAYMENT STRATEGIES LLC and the name on the amendment is TORO GROUP SERVICES LLC.

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

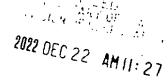
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux FAX Aud. #: H22000428858 Regulatory Specialist II Letter Number: 322A00028715

## COVER LETTER

	ision of Co	rporations		
SUBJECT:	Toro Grou	p Services LLC		
Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are su	hmitted for filling	
		ondence concerning this matte	<del>-</del>	
~ 10430 104411	an corresp	ondence concerning this matte	to the following:	
		Lucia Estrella		
		<del></del>	Name of Person	·
		Licenses & Permits LLC		
			Firm/Company	
		8300 W Flagler St Suite 1	14	
			Address	
		Miani, Fl 33144		
			City/State and Zip Code	<del></del>
		licenses 114@gmail.com	to be used for future annual report no	riffertion)
For further in	formation c	oncerning this matter, please o	·	ancedon
Lucia Estrella		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		f Person	305 3237924 at () Area Code Daytin	7.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
	ranic o	1 1 6.30H	Area Code Daylin	ne Lelephone Number
Enclosed is a	check for th	e following amount:		
<b>≡ \$</b> 25.00 Fi	ling Fee	S30.00 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)
Reg Divi P.O.	ing Address istration S sion of Co Box 632 ahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Toro Group Services LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compartion document number <u>L22000463875</u>	ny were filed on $\frac{10/28}{1}$	8/2022 and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here	<b>;</b> ;
oro Services Group LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	ords, enter the name of the new registe
New Registered Office Address:		
Tivi Avaisiered Office Fiduless.	Enter Florida	street address
		, Florida
	Cliy	ZIp Code
ew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as using filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

12/22/2022 05:14

(FAX)

If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person	heing added
or removed from our records:		Jenie Hadea

MGR ≃	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐Add
			DRemove
		-	□Change
<del></del>		-	DAdd
			□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach ad	Property of the
D. If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary DEC 22 AMILL
	2011: 5
<del>-</del>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing o  Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	(optional) r more than 90 days after Eling.) Pursuant to 605.0207 (3)(b ling requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.r ecord is filed.	n. on the earlier of: (b) The 90th day after the
Dated	
	•
Signature of a member or authorized representati	ve of a member
Yobel Rafael Toro	
Typed or printed name of signee	

Filing Fee: \$25.00