L22005/16525

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
MAR 2 8 2023
PIAN 2 0 2023
.=

Office Use Only



800404171668

03/27/23--01002--011 **25.00

2023 HAR 27 PM 3: 10

ALI AHASSET FULL

RECEIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

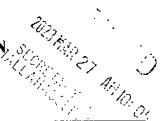
	CERTIFIED COPY		
ΧX	РНОТОСОРУ		
	CUS		
ХХ	FILING	LLC AMEND	
	TOKE BOX LLX (CORPORATE NAME AND DOCU	JMENT #)	
	(CORPORATE NAME AND DOCU	JMENT#)	
	(CORPORATE NAME AND DOCU	JMENT#)	
	(CORPORATE NAME AND DOCU	JMENT #)	
	(CORPORATE NAME AND DOCU	JMENT #)	
	(CORPORATE NAME AND DOCU	JMENT #)	

COVER LETTER

	istration Set ision of Corp			
GUBURAT.	TOKE BOX			
SUBJECT:	CT:			
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ROEE NAHMANI		
			Name of Person	
			Firm/Company	
		1800 NE 114 ST APT 2010) 	
			Address	 -
MLAMI, FL 33181				
	City/State and Zip Code			
		ROEE.NAHMANI@GMAI	to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please co	ali:	
ROEE NAH	IMANI		702 964-8730 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration S	ection
Di	vision of C	Corporations	Division of Co	orporations
	O. Box 632 Illahassee, l		The Centre of 2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TOKE BOX LLC

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

The Articles of Organization for this Limited Liability Company Florida document number L22000516525	were filed on $\frac{12/08/202}{}$	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1800 NE 114 ST	
(Principal office address MUST BE A STREET ADDRESS)	APT 2010	
(17 melput ty)ite dum ens twost DE 71 OT REEL 1102	MIAMI, FL 33181	
Enter new mailing address, if applicable:	1800 NE 114 ST	
(Mailing address MAY BE A POST OFFICE BOX)	APT 2010	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	MIAMI, FL 33181 address on our records	, enter the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida stro	et address
		, Florida
	Ciţy	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>	Address	Type of Action
AMBR	ABENSON, SHOLOM M	400 KINGS POINT DR	□ Add
		SUNNY ISLES BCH, FL 33160	■Remove
			Change
			□ Add
			☐ Remove
			[] Change
			CRemove
			□ Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change

N/A	
ective date, if other than the date of filing:	(ontional)
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605 0207
te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
tument's effective date on the Department of State's feetitus.	
ecord specifies a delayed effective date, but not an effective time, is filed.	, at 12:01 a.m. on the earlier of: (b). The 90th day after the
,	
25/24/225	
red 05/24/2023	
المراكب	
Signature of a member or authorize	ed tenresentative of a member

Filing Fee: \$25.00

Typed or printed name of signee