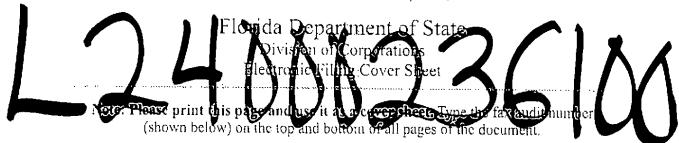
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Division of Corporations



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From:		- 2
	Account Name : FILINGS, INC.	
	Account Number : 072720000101	⊒¥.
	Phone : (954)791-2100	
	Fax Number : (866)583-4117	
S 5.4		9
	the email address for this business entity to be used for future	
2 1933 ann	ual report mailings. Enter only one email address please.**	

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June 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1010K LLC

833 NORTHEAST 191ST STREET

MIAMI; FL 33179US

SUBJECT: 1010K LLC REF: L24000236100

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.

The document submitted is also missing the name of the company.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Karen A Saly Regulatory Specialist II FAX Aud: #: H24000192565 Letter Number: 224A00012388 24 JUH 12 PM 1: 29

H24000192565

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTOK LLC	
(Name of the Limited Lighthity Comp (A Florida Limaed	рвиу ах и нам арреаг, он ове records.) Haabilsty Compacy)
The Articles of Organization for this Limited Liability Compan Florida document number £24600236100	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Link	illity Company," the designation "i.J.C" or the abhasylation 1.1.C"
Enter new principal offices address, if applicable:	24
(Principal office address MUST BE A STREET ADDRESS)	24 JUN
(2 to Grandflee mades 5 February STREET APPINESS)	***
	• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:	70 31k
(Mailing address MAY BE A POST OFFICE BOX)	20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Eme: Florida street address
	IN 2.1
	, City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
in the state of th	anging Registered Agent Signature of New Pacietared Vacc

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[]Change

H24000192565

Front 1002

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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
			DAdd
			□Remove
			ПСладе
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fective date, if other than th	e date of filing:	otional)
ote: "If the date inserted in this!"	ust be specific and cannot be prior to date of filing or more than 90 days a block does not meet the applicable statutory filing requirements.	fler filing.) Pursuant to 605.0207 this date will not be listed as
cument's effective date on the	Department of State's records.	and the state of the last ag
courd specifies a delayed effect	ive date, but not an effective time, at 12:01 c.m. on the earlier of:	(b) The 90th day after the
is filed.		
May 11	A83.4	
ted May 31	2024	
	or or other seconds	
A - 044 44 7004 7 1004 1004 1004 1004 1004	Signature of a member or authorized representative of a member	

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