L24000355035

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2024 DEC TO PH 1: 05



COVER LETTER

TO: Registration So Division of Cor		·		
TOG3THE	R 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:		
		Name of Person		
	PTH FINANCIAL & INS	JRANCE		
		Firm/Company		
	1322 N PINE HILLS RD			
		Address		
	ORALNDO, FL 32808			
		City/State and Zip Code		
	rashid@protaxhelp.com			
	E-mail address: (to be used for future annual report not	ufication)	
For further information of	concerning this matter, please c	all:		
MUHAMMAD RASHII)	407 298-3900		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
臺 \$25.00 Filing Fee	☐ \$30.00 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	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOGSTFIER LLC	la.	11 1-12	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our redited Liability Company)	cords)i_ J	
The Articles of Organization for this Limited Liability Comp			
	pany were filed on	and assigned	
lorida document number L24000355035	TALLA	AHASSEE, FL	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
he 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 ADDRES	<u>S)</u>	-	
Enter new mailing address, if applicable:	43819 KINGSTON STATI	43819 KINGSTON STATION TERRACE	
Mailing address MAY BE A POST OFFICE BOX)	ASHBURN, VA 20148		
3. If amending the registered agent and/or registered of	fice address on our records, <u>e</u> n	ter the name of the new regis	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	G (C) 1		
	Enter Florida street aa	IAFCSS	
		. Florida	
	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 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
MGR	SHAKEEL, NADEEM	7531 BAY PORT RD UNIT 14	
		ORLANDO, Fl. 32819	\frac{\equiv Remove}{}
			□Change
MGR	ASHRAF, ARFAT	43819 KINGSTON STATION TERRACE	≡ Add
		ASHBURN, VA 20148	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be pr k does not meet the app	rior to date of filing or n dicable statutory filir	rore than 90 days after fili	ng.) Pursuant to 605.0201
ecord specifies a delayed effective of is filed.	late, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2024			
DECEMBER 5TH		·		
	gnature of a member or an			