

m11000004844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE

15 APR 13 PM 2:18

FILED

Amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOKIOSO SA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier G Toquica

Name of Person

Firm/Company

5010 Sago Palm Circle

Address

Tamarac FL 33319

City/State and Zip Code

javito_262000@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier G Toquica

Name of Person

at (407) 405-8264

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
15 APR 13 PM 2:18
SECRETARY
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

JAVIER TOQUICA
2955 NW 126 AVE UNIT 5 - 105
SUNRISE, FL 33323

SUBJECT: TOKIOSO SA LLC
Ref. Number: M11000004844

We have received your document for TOKIOSO SA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached foreign limited liability company form.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 315A00006315

RECEIVED
15 APR 13 PM 3:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: TOKIOSO SA LLC
2. The Florida document number of this limited liability company is: M11000004844
3. Jurisdiction of its organization: PANAMA
4. Date authorized to do business in Florida: 09/26/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

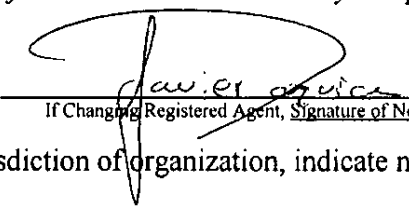
Name of New Registered Agent: Javier G Toquica

New Registered Office Address: 5010 Sago Palm Circle
Enter Florida Street Address

Tamarac, Florida 33319
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.

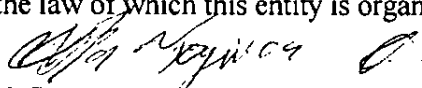

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Zayde M Toquica</u>	<u>2955 NW 126 ave apt 105</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33323</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Javier G Toquica</u>	<u>5010 Sago Palm Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Tamarac FL 33319</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Saide Osorio de Toquica</u>	<u>5010 Sago Palm Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Tamarac DL 33319</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jose G Toquica</u>	<u>5010 Sago Palm Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Tamarac FL 33319</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Zayde M Toquica

Typed or printed name of signee

Filing Fee: \$25.00

FILED
5 APR 13 PM 2:18
TALLAHASSEE, FL
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