

M20000009271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

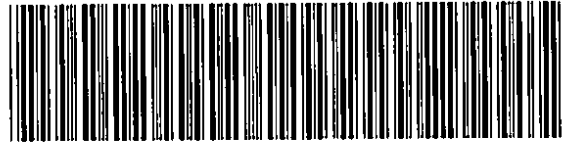
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800355349188

FILED

2020 NOV 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2020 NOV 18 PM 2:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 2020

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number: FCA000000017

Date: 11-18-20

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 55.00

Corporation Name: TOA Services LLC

Email Address: _____

Entity Number: M20000009271

Authorization: Kim Pullen

☒ Amendment
☐ Certified Copy

☐ New Filings

☐ Plain Stamped Copy

☐ Certificate of Status

☐ Fictitious Name

☒ Amendments

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 55307 Matter: 42610

Name: M. Ryder Office: MIA

**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: TOA SERVICES LLC

Enter new principal office address, if applicable: 2 MiamiCentral

(Principal office address

MUST BE A STREET ADDRESS)

700 NW 1st Avenue, Suite 1200

Miami, Florida 33136

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2 MiamiCentral

700 NW 1st Avenue, Suite 1200

Miami, Florida 33136

2. The Florida document number of this limited liability company is: M20000009271

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 15, 2020

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

5. New name of the limited liability company: _____

(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 officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

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.

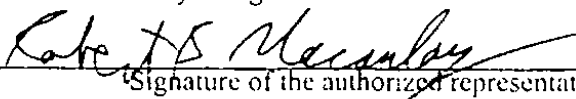
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Monge, Alfredo	Torre Lexus, Piso 2 Avenida Escazu	<input checked="" type="checkbox"/> Add
		San Jose, Costa Rica	<input type="checkbox"/> Remove
AMBR	Saenz, Fernando	Torre Lexus, Piso 2 Avenida Escazu	<input checked="" type="checkbox"/> Add
		San Jose, Costa Rica	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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

Robert B. Macaulay, Esq., Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00