Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Doing so will generate another cover sheet. |

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAMTOYS LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

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Help

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



| JAMTOYS LLC | ORIDA |
|--|--|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number L19000038744 | Company were filed on 02/07/2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: |
| The new name must be distinguishable and contain the words "Li | imited 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 ADE | ORESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | gistered office address on our records, <u>enter the name of the new</u> ldress here: |
| Name of New Registered Agent: | <u> </u> |
| New Registered Office Address: | Enter Florida street address |
| | 921 |
| | , Florida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| E (Ene) | ive date, if other than the date of filing: |
| (If an ef Note: | feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| he re The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | February 20 . 2019 . |
| | Signature of a member or authorized representative of a member |
| | |
| | Riley Park Typed or printed name of signce |

Page 3 of 3

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