

L06000078018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

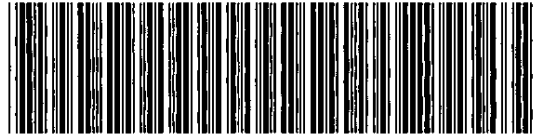
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08 MAY 23 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My Little Play Town, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Roman

(Name of Person)

(Firm/Company)

10098 Oaks Lane

(Address)

Seminole, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Roman

(Name of Person)

at (727) 483-0781

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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08 MAY 23 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

My Little Play Town, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-7-2006 and assigned  
Florida document number L06000078018

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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 ADDRESS)

1260 West Bay Drive  
Suite D  
Largo, FL 33770

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1260 West Bay Drive  
Suite D  
Largo, FL 33770

B. 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:

Samantha Castillo-Salgado

New Registered Office Address:

9741 Lake Seminole Dr. E

(Enter Florida street address)

Largo

(City)

Florida

33773

(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Dyana Broussard	7300 21 <sup>st</sup> St. N St. Pete, FL 33702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Registered Agent	Duncan Broussard	7300 21 <sup>st</sup> St. N St. Pete, FL 33702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alex Roman	10098 Oaks Lane Seminole, FL 33772	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Registered Agent	Samantha Castillo-Salgado	9741 Lake Seminole Dr. E Largo, FL 33773	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Registered Agent Duncan Broussard

Dated May 22<sup>nd</sup>, 2008.

Dyana Broussard  
Signature of a member or authorized representative of a member

Dyana Broussard  
Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE