

107000017950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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APR 07 2017
S. YOUNG

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROOVY TOYS 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:

JOAQUIN ABONDANO

Name of Person

GROOVY TOYS LLC

Firm/Company

585 NW MERCANTILE PLACE STE 108

Address

Port St Lucie, FL 34986

City/State and Zip Code

pabondano@grooyi.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

For further information concerning this matter, please call:

Joaquin Abondano

at (**772**)

Area Code

878 0790 x 700

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:

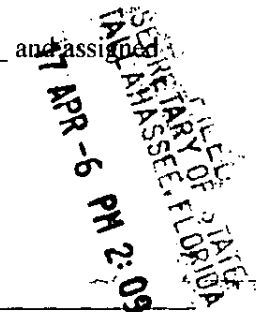
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GROOVY TOYS 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 2/16/2007
Florida document number L07000017950



This amendment is submitted to amend the following:

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

The 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 ADDRESS)

585 NW MERCANTILE PLACE STE 108
PORT ST LUCIE, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

585 NW MERCANTILE PLACE STE 108
PORT ST LUCIE, FL 34986

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:

JOAQUIN ABONDANO

New Registered Office Address:

585 NW MECANTILE PLACE STE 108

Enter Florida street address

PORT ST LUCIE

City

, Florida

34986

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.

A handwritten signature in black ink, appearing to read "JOAQUIN ABONDANO".

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JOAQUIN P ABONDANO-GARCIA</u>	<u>585 NW MERCANTILE PLACE STE 108</u>	<input type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34986</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGRM</u>	<u>JOAQUIN P ABONDANO</u>	<u>7869 SADDLEBROOK DR</u>	<input type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34986</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>BETTY C GARCIA</u>	<u>7869 SADDLEBROOK DR</u>	<input type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34986</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>VALERIE LAFAURIE</u>	<u>585 NW MERCANTILE PLACE STE 108</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34986</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

AUTHORIZED MEMBERS WILL INHERIT ALL MANAGING MEMBER RIGHTS AND RESPONSABILITIES AMONG MEMBER JOAQUIN ABONDANO DEATH OR PHYSICAL INCAPACITATION.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

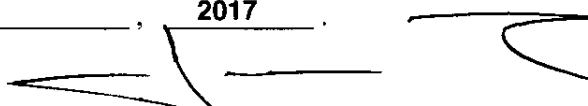
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated **MARCH 31**, **2017**



Signature of a member or authorized representative of a member

JOAQUIN ABONDANO

Typed or printed name of signee