Division of Corporations Electronic Filing Cover Sheet

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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To:

Division of Corporations

Fax Number : (850

: (850)617-6383

From:

Account Name : Ala REGISTERED AGENT INC.

Account Number : I20090000032 Phone : (561)792-2236

Fax Number : (561)202-8082

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

Email Address: REGACENTSERVICES @ YAHOO. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2 WHEEL TOYSTORE LLC

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

K.SALY EXAMINER WOV -8 2013

Electronic Filing Menu

Corporate Filing Menu

Help

H130002475353

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

2 WHEEL TOYSTORE LLC

TO		<i>)</i> ,
ARTICLES OF OR	GANIZATION	10 Mg 18
OF		18 19 16 m
2 WHEEL TOYSTORE LLC		36/1/8
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Plotida Limited Lia	onity Company)	1 22 6
The Articles of Organization for this Limited Liability Company w	vere filed on 10/16/2007	and assigned
Florida document number L07000108892		
. I to the deposition manifest	•	
778.7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limite	d 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)		
Transput Office damess MOST BE A STREET ADDRESS)		
		·
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce 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	
	City, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u> </u>
Assessment of the state of the 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

Page 1 of 3

Hi30002475353

A1A REGISTERED AGENT INC.

561-202-8082

H130002475353

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

<u>Title</u>	Name		Ype of Action
MGRM	PHILIP REIS	16343 62ND ROAD NORTH	Add
		LOXAHATCHEE, FL 33470	
			- Add
			Remove
			- Add
			Remove
· ·			. Add
			Remove
	,		. Add
			Remove
			- Add
			Remove

A1A REGISTERED AGEI	NT INC.	561-202-8082	p.4
	•	H13	30002475353
If amending any other informatio	n, enter change(s) here: (Att	och additional sheets, if necessa	יעדע.)
	· · · · · · · · · · · · · · · · · · ·		
 			
			-

Dated NOV 6

D.

innerture of a premier or pulliorized representative of a member

OTTMAR M SCHMIDT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00