L09000058428

| (Requ | uestor's Name) | | | | |
|----------------------------|-----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Addr | ess) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Busi | ness Entity Nai | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Fi | ling Officer: | | | | |
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| | | | | | |
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Office Use Only



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FILED
2011 DEC -2 PM 2: 32
SECRETARY OF STATE
ASSEE, FLORID

J. BRYAN
DEC -5 2011

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Co | orporations , | | | | |
|---------------------------|---|--|---------------------------|--|---|
| SUBJECT: | TOY | OVAL, LLC. | | | |
| | | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | condence concerning this matter | r to the following: | | | |
| | | Edgar Garcia | | | |
| | | Name of Person | | | |
| | | S&S ACCOUNTAX | | | |
| | | Firm/Company | | - 3 | |
| | 13574 | Village Park Dr. Suite 1 | 35 | 2011 DEC -2 PM 2: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA | _ |
| | | Address | | | _ |
| | | Orlando, FL 32837 | | 2 PH 2: 32 ARY OF STATE SSEE, FLORIDA | h |
| | | City/State and Zip Code | | FL S | C |
| | | Eedgargh@aol.com to be used for future annual report i | · | 器 3 | |
| For further information | concerning this matter, please | | · | D T | |
| | | at (407) 25 | 1 6266 | | |
| Name | of Person | Area Code & Da | ytime 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 | \$60.00 Fili Certifica | ng Fee, te of Status & | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICI ES OF AMENDMENT

| · | 10 | | • | |
|---|---|---------------------------------------|--------------------------------|--|
| ARTI | CLES OF ORGANIZATI | ON | | |
| · | OF | Pic | MIDEC 2 PAR 2: 32 and assigned | |
| | | THE THE | m 6 6 | |
| | TOYOVAL, LLC | | 2 2 0 | |
| (Name of the Limited | Liability Company as it now appear Florida Limited Liability Company) | s on our records.) | रेक्ट दे | |
| n) | Florida Ellinted Elability Company) | | (C) (C) | |
| The Articles of Organization for this Limited Li. | ability Company were filed on | 06/16/2009 | and assigned | |
| Florida document numberL09000058 | • • • | | —— 7 | |
| iorida document number | · | | | |
| | | | | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, <u>enter the new name of</u> | the limited liability company her | <u>e</u> : | | |
| | | | | |
| The new name must be distinguishable and end with 'L.L.C." Enter new principal offices address, if applications | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | |
| Principal office address MUST BE A STREE | <u> ADDRESS)</u> | | | |
| | *** | | | |
| | | | | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | | | |
| (Mailing address MAY BE A POST OFFICE I | <u></u> | | | |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | - | |
| B. If amending the registered agent and/o | | ur records, <u>enter t</u> | he name of the new | |
| registered agent and/or the new registered of | <u>ice address here</u> : | | | |
| | | | | |
| Name of New Registered Agent: | EDGAR GARCIA | | | |
| New Registered Office Address: | 13574 VILLAGE PARK DR | . SUITE 135 | | |
| new registered office Address. | Enter Florida street address | | | |
| | ORLANDO | וי והיון | 32837 | |
| | City | , Florida | 7in Coda | |

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 any 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 aftending 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

Type of Action Title Address Name MGR:M ANGEL L. TORRES 4105 TROPICAL ISLE BLVD. ☐ Add KISSIMMEE FL 34741 **∇** Remove MGRM **BENJAMIN GONZALEZ** 2908 WILLOW OAK CT. KISSIMMEE, FL 34744 ✓ Remove MGRM VILMA TROCHEZ 782 MINK CT KISSIMMEE, FL 34759 Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ţ **NOVEMBER 30th** 2011 Signature of a member or authorized representative of a member **VILMA TROCHEZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00