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SECRETARY OF STATE
FALLAMASSEE, FLORING

W 09-34702 AUG 1 3 2009

J. BRYAN

AUG 27 2009

EXAMINER

COVER LETTER

	Division of Co			ı	
SUBJEC	· ·	Parato	ys Florida LLC		
o o bo e c			ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are suf	bmitted for filing.	•	
Please ret	urn all correspo	ondence concerning this matter	r to the following:		
			Thomas Mistretta		
			Name of Person		
			Paratoys Florida LLC	·	
			Firm/Company	SEO SEO	
			18811 Geraci Road		
			Address	AUG 26 AUG 26 CRETAR) AHASSI	
			Lutz, FL 33548		
			City/State and Zip Code	26 AHII: 36 ARY OF STATE (SSEE, FLORID	
		E-mail address: (stret@tampabay.rr.com to be used for future annual report notification)	REC	
For furthe	er information c	concerning this matter, please o	•		
		mas Mistretta	at (_813) 401-0395		
	Name o	f Person	Area Code & Daytime Telephone N	umber	
Enclosed i	is a check for the	he following amount:			
₹] \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2009

THOMAS MISTRETTA PARATOYS FLORIDA LLC 18811 GERACI ROAD LUTZ, FL 33548

SUBJECT: PARATOYS FLORIDA, LLC

Ref. Number: L09000075433

O9 AUG 26 AM II: 36
SECRETARY OF STATE
AN ILAHASSEE, FLORIDA:

We have received your document for PARATOYS FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 509A00027618

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paratoys FI (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	orida LLC y as it now appears on our record iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL09000075433	were filed onAugust 6, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Florida Cloudbase	Paragliding LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designal	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Thomas Mistretta	SE SE
(Principal office address MUST BE A STREET ADDRESS)	18811 Geraci Road	ARE U
	Lutz, FL 33548	G 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Thomas Mistretta 18811 Geraci Road Lutz, FL 33548	6 AM II: 36 YOF STATE EE. FLORIDA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Fice address on our records, en	el address
	, Floric	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

الما الميد أحيث

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.

or Manag	ing Member being added	ging Members on our records, enter the title, or removed from our records:	name, and address of each Manager
MGR = M	lanager . Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Add
			Damaria
			Add
			Add
			Add Remove
			AddRemove
			AddRemove
D Hama	nding any other informati	on, enter change(s) here: (Attach additional she	ate if necessary)
D. II ame	nung any other intormati	ou, enter change(s) here. (Ander daammar she	F.
_			09 AI
_			AUG 26
_			E. FLOR
-			ORIGINA ORIGINAL SECTION OF THE SECT
Dated	8-24	<u></u>	•
		Thu I M	
	Sign	nture of a Interpretable of a militarized representative of a military of the Ha	emper
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00