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SECRETARY OF SIAN

S. HAWKES
DEC 1 4 2009
EXAMINER

COVER LETTER

Division of Co			:
SUBJECT:	Indoor To	y Storage, LLC	•
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	:
Please return all correspondence concerning this matter to the following:			; ,i
		Trey Haliday	
		Name of Person	
	Ind	oor Toy Storage, LLC	
		Firm/Company	
		2317 Griffin Road	· !
		Address	
		Leesburg, Fl 34748 City/State and Zip Code	
	indoo	•	!
	E-mail address: (t	rtoystorage@gmail.com o be used for future annual report notificati	on)
For further information	concerning this matter, please ca	all:	:
	Trey Haliday	at (352) 45 Area Code & Daytime Te	9-9300
Name	e of Person	Alea Code & Daytime 16	rephone radinger
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)	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

lı	ndoor Toy Storage, LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on09/01/2009 Florida document numberL09000084714				
This amendment is submitted to amend the foll A. If amending name, enter the new name of		<u>-e</u> :	980 SEC	
 				1
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	any," the designation "LL	Copf the apprevi	1
Enter new principal offices address, if applic	able:		<u> </u>	III.
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	
Enter new mailing address, if applicable:	POV)			
(Mailing address MAY BE A POST OFFICE	<u></u>		i i	
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter the</u>	name of the	new
Name of New Registered Agent:	John D. Michael J.		! !	
New Registered Office Address:	2317 Griffin Road	nter Florida street addre	SS :	_
	Loophura		34748	
	Leesburg City	, Florida	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

Page 1 of 2

MGR = Manager MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> MGR John D. Michael Jr. 2317 Griffin Road ☑ Add Leesburg, Fl 34748 Remove 9 Add Remove MGR Barbara S. Hairston 2317 Griffin Road Leesburg, FI 34748 Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 4th 2009 ive of a member Typed or printed name of signce

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:

Page 2 of 2

Filing Fee: \$25.00