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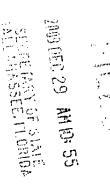
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COVER LETTER

Division of Corporations	
SUBJECT: Todellertube com	
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:	
Christine Lobban Name of Person CL Toddlerfube Com Uc Firm/Company	
5361 Commander Drive #203	
Christine Lobban Quahoo com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christine Lobban at (321) 917-1453 Name of Person Area Code & Daytime Telephone Number To a series of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\$ \$60.00 Filing Fee, \text{Certificate of Status & Certified Copy} \\ \text{(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

Toddler tuk (Name of the Limited Liability Compa) (A Florida Limited Liability Compa)	ny as it now appears on our relability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number 409000116261	were filed on $12 7 $	og and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the d	esignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	address	on file		
(Principal office address MUST BE A STREET ADDRESS)	Lomain	S the same		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2000 DEC 29 MM		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
	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.

or Managin	g the Managers or Man ag Member being added	or removed fre	om our records:	•		
MGR = Ma MGRM = N	nager Janaging Member	No	change	zes for	Hus	Section
<u>Title</u>	<u>Name</u>		Address	it ren	sams	Section Type of Action
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D. If amen	ding any other informati	ion, enter chan	ige(s) here: (Att	ach additional sh	eets, if necessar	- (//)
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Dated			· · · · · · · · · · · · · · · · · · ·			
	Sign			epresentative of a n	nember	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00