# L110000 15461

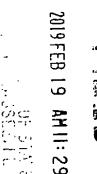
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C. GOLDEN MAR - 7 2019

# **COVER LETTER**

SUBJECT:	Norma of Line	ited Liability Company	
	Name of Earl	шей главниу Сопрану	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SPENCER A GRABOIS		
		Name of Person	
		Firm/Company	
	21110 BISCAYNE BLVD	SUITE 312	
		Address	· · · · · · · · · · · · · · · · · · ·
-	AVENTURA, FL 33180		
	SpencerAGrabois@gmail.co	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report notit	ication)
For further information of	concerning this matter, please co	all:	
		at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

2019 FEB 19 AL

SG KIDS CO, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A none	ia Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L11000015461	Company were filed on 02/07/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TEDDY TANK TECHNOLOGY, LLC		
The new name must be distinguishable and contain the words "Lii	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reginerated agent and/or the new registered office address.	stered office address on our records	, enter the name of th
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
	C IIV	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 a 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 605, 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
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P. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00