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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	uxlih lesoury U	JA LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Merlocky Name of Person	
		adily Lyy UUT	"lad far-v
		10169 Lanha 11 Ta	me (4 3361V
		City/State and Zip Code	
	E-mail address (to be used for fitting annual report notifi	ication)
For further information c	concerning this matter, please co	all:	
Name o	of Person	at (<u>727</u>) <u>534</u> Area Code Daytime	7-96/3 Felephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 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

(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>ULOOOD 454 55</u>	company as it now appears on our records.) Limited Liability Company) company were filed on 4/11/12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Ισρ		4410 W. Hills brog the Toys F 133614	/ □ Remove
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effective date i <u>e:</u> If the date	f other than the s listed, the date mos inserted in this blo tive date on the Do	t be specific and o ock does not me	cannot be prior set the applica	to date of filing	or more than 90	days after filing.) Pursuant to 605.
record spec ne 90th dar	cifies a delayed y after the reco	effective da ord is filed.	ate, but no	t an effectiv	e time, at	12:01 a.m.	on the earlie
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Filing Fee: \$25.00