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K. SALY EXAMINER

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COVER LETTER

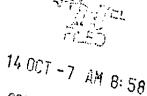
TO: Registration S Division of Co	ection rporations		
SUBJECT: Firefo	ox Toys, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Suzan BAS	TOS	
		Name of Person	
	Firefox Toys	s, LLC	
		Firm/Company	
	553 0	apital Circle	2 SW Unit 3
		Address	
	Tallahassee	e, FL 32304	
		City/State and Zip Code	
	sbastos1@yaho	O.COM (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	•	
Suzan Bas	tos	_{at (} 850 ₎ 264 0	123
Name o	of Person		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 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



Firefox Toys, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/08/2012 ____ and assigned Florida document number L12000102490 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	pe of Action
Mgr	Anna LECHOWSKI PILTZ	Address 553 Capital Circle Tallahassee, FL 32304	SW Unit.
		Tallahassee, FL 32304	□ Remove
			J Add
			☐ Remove
	·		
			Remove
			8: 58 Add
			Remove
			Add
			Remove
			Add
			Remove

' If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effecti	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)
Dated 0	5 August 2014
	Suza a Bado.
	Signature of a member or authorized representative of a member
	Suzan Bastos
	Typed or printed name of signee

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Filing Fee: \$25.00