

L12000102490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 OCT 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Firefox Toys, LLC

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:

Suzan BASTOS

Name of Person

Firefox Toys, LLC

Firm/Company

553 Capital Circle SW Unit 3

Address

Tallahassee, FL 32304

City/State and Zip Code

sbastos1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzan Bastos

Name of Person

at (850) 264 0123

Area Code

Daytime Telephone Number

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) | ☐ \$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

Hello,

Please note change in address
as well as ammendment.

Please call me at 850 264-0122
or 850 264-0123 with any
questions or email sbastos1@
yahoo.com.

Return address:

553 Capital Circle SW

Unit 3

Tallahassee, FL 32304

Thank you,

Sam Bastos

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

553 Capital Circle SW
Unit 3
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

553 Capital Circle SW
Unit 3
Tallahassee, FL 32304

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

Florida

City

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 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Anna LECHOWSKI PILTZ</u>	<u>553 Capital Circle SW Unit 3</u> <u>Tallahassee, FL 32304</u>	☒ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

change all managers and members address
to 553 Capital Circle SW, Unit 3, Tallahassee,
FL 32304

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 05 August, 2014

Suzan A. Bastos

Signature of a member or authorized representative of a member

Suzan Bastos

Typed or printed name of signee