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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dora Somma		
		Name of Person	
	Juguetes, LLC		
SUBJECT: Name of Limited Liability Company			
	Two Alhambra Plaza, Sui	te 1040	
	-	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	•		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Dora Somma		786 270-3722	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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



Juguetes, 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 Cor	npany were filed on 9/10/2012	and assigned
Florida document number L12000115749		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
The new name must be distinguishable and contain the words "Limite	d 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		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	 	
B. If amending the registered agent and/or register		ords, enter the name of the new
registered agent and/or the new registered office addre	ss nere:	
Name of New Registered Agent:		
New Registered Office Address:		
Hew Registered Office Hadiess.	Enter Florida street a	ddress
		. Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dutie nt as provided for in Chapter 6	s, and I am familiar with and 605. F.S. Or, if this document is
	If Changing Registered Agent, Signa	ture of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eugenio Sanchez	Two Alhambra Plaza, Suite 1040	
		Coral Gables, FL 33134	■ Remove
			- Kemove
			Change
MGR	Jaime R. Elizondo	Two Alhambra Plaza ,Suite 1040	■ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Change
			
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Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	e date of filing: ust be specific and cannot block does not meet the	applicable statuto	ing or more than 90 days or filing requirements,	ptional) after filing.) Pursuant to 605.02 this date will not be listed	207 (3° as the
he record specifies a delaye The 90th day after the re		out not an effe	ctive time, at 12:0	1 a.m. on the earlier	of:
Dated October 8	2018	· ·			
1		_			

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Typed or printed name of signee

Filing Fee: \$25.00