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| . (R€ | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

J. BRYAN

NUV 27 2012

EXAMINER

COVER LETTER

TO:

Registration Section 'Division of Corporations

CHD IFCT.

AFFORDABLE FAMILY 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:

STEPHEN SPRING

Name of Person

Firm/Company

4171 EDENROCK PL

Address

SPRING HILL, FL 34609

City/State and Zip Code

JSPRING5370@AOL.COM

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

For further information concerning this matter, please call:

STEPHEN SPRING

315₃575-0855

Name of Person

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

All the Argentine

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 Com (A Florida Limite | ipany as it now appears on our reco | rds.) |
|---|---------------------------------------|----------------------------------|
| (A Florida Limite | ed Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 11/13/2012 | and assigned |
| Florida document number L12000143194 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and end with the words "L" "L.L.C." | imited Liability Company," the design | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 7.5 25 |
| (Principal office address MUST BE A STREET ADDRESS | 2 | 7. 50 万二 |
| | | 5 7 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2: 3: Logical |
| | | 10 mi 2 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | enter the name of the ne |
| Name of New Registered Agent: | | |
| · · · | | |
| New Registered Office Address: | Enter Florida st | reet address |
| | , Flo | rida |
| | 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|----------------------|----------------|
| MGRM | RONALD MOREAU | 16270 NANCY AVE | Add |
| | | BROOKSVILLE, FL 3460 | Remove |
| | | | _ |
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| | | | Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | | |
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| ted | , | | | |
| | Signature of a member or authorized representative of a member Stephen Spring Typed or panted name of signee | | | |
| | Stephen Spring Typed or panted name of signee | | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00

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