# L130000 AA658

Office Use Only



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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Vidi's 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:

# Oscar Gastaudo

Name of Person

Vidi's Toys LLC

Firm/Company

10773 NW 58th Street, #603

Address

Doral, FL 33178

City/State and Zip Code

oscar@gastaudo.com

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

For further information concerning this matter, please call:

# Oscar Gastaudo

<sub>31</sub>,786,515-8229

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

### 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

Vidi's Toys LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	ny as it now appears on our records.) Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Company were filed on 02/12/2013 and assigned  Florida document number L13000022658					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."					
Enter new principal offices address, if applicable:	e, #301L				
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL 33139				
Enter new mailing address, if applicable:	10773 NW 58th Street	2012			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 603				
	Doral FL 33178	\$5 \$5			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		er the name of the nev			
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 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 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>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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			13/338 14 6	
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			Remove	
<del></del> .			Add	
			Remove	

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
This	s is an amendment request for business and mailing address change
as	stated at page 1 of 3.
	<del> </del>
 Δ i I	104th 20412
Dated April	24th 2613
_	Signature of a member or authorized representative of a member
,	Vidal Bada Vazquez
_	Typed or printed name of signee

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Filing Fee: \$25.00

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