

# L13000113200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L13-113200

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600261745856

06/27/14--01025--015 \*\*55.00

FILED  
2014 JUL 15 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 16 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2014

SUSAN A. MACHATA  
4300S US HWY 1 #211  
JUPITER, FL 33477

SUBJECT: YOUNG AT HEART TOYS LLC  
Ref. Number: L13000113200

We have received your document for YOUNG AT HEART TOYS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Missing pages 2 & 3 of the Amendment. I am enclosing the pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 914A00014040

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Young at Heart Toys LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Susan A. Machata**

\_\_\_\_\_  
Name of Person

**Young at Heart Toys LLC**

\_\_\_\_\_  
Firm/Company

**4300 S. US Hwy. 1; #211**

\_\_\_\_\_  
Address

**Jupiter, FL 33477**

\_\_\_\_\_  
City/State and Zip Code

**seasidetoy@aol.com**

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

For further information concerning this matter, please call:

**Susan A. Machata**

**561**

**601-2547**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**YOUNG AT HEART 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 08/12/2013 and assigned  
Florida document number L13000113200

**FILED**  
2014 JUL 15 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**Seaside Toys LLC**

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:**

4300 S. US Hwy.1; #211

**(Principal office address MUST BE A STREET ADDRESS)**

Jupiter, FL 33477

**Enter new mailing address, if applicable:**

4300 S. US Hwy.1; #211

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

Jupiter, FL 33477

**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:

Susan A. Machata

New Registered Office Address:

4300 S. US Hwy.1; #211

Enter Florida street address

Jupiter

, Florida

33477

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.*

Susan A. Machata  
If Changing Registered Agent, Signature of New Registered Agent

**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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 JUL 15 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 June 25, 2014

Susan A. Machata  
Signature of a member or authorized representative of a member

Susan A. Machata  
Typed or printed name of signee

FILED  
2014 JUL 15 PM 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA