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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: TOY FAIRY 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:

DANIEL MARZANO, ESQ.

Name of Person

COSCULLUELA & MARZANO, P.A.

Firm/Company

14211 COMMERCE WAY

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

DMARZANO@CMPALAW.COM

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

For further information concerning this matter, please call:

DANIEL MARZANO

ູ, 305、817-2170

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

TOY FAIRY LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
ne Articles of Organization for this Limited Liability Company wer orida document number <u>L14000129843</u> .	e filed on AUGUST 19, 2014	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability	company here:	
CHOOL FAIRY LLC		
e new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		<u> (1</u>
		200 ca
_		AL AL
nter new mailing address, if applicable:		2 1
Tailing address MAY BE A POST OFFICE BOX)		Fg 3 70
		夏 皇 克 . 1417
_		5
If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:	address on our records, ente	~ •
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			·
			□ Remove
			□Add ···
			Sept. 22
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	ther than the date of filing: (option be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
the date this document	
	is filed by the Florida Department of State) Fig. 7044
the date this document	is filed by the Florida Department of State) Signature of a member of authorized representative of a member
the date this document	is filed by the Florida Department of State) Fig. 7044

Page 3 of 3

Filing Fee: \$25.00