## 114000143454

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## **COVER LETTER**

	tegistration Sec Division of Corp						
eun uzen	Minifigs'R U	Js LLC					
SUBJECT	ı; <u></u>	Name of Limited Liability Company					
The enclos	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please retu	ım ali correspoi	ndence concerning this matter t	to the following:				
		Garett Milks					
			Name of Person	<del> </del>			
			Firm/Company				
		8600 Commodity Cir Suite	137				
			Address				
		Orlando FL 32819					
		City/State and Zip Code					
		sales@minifigco.com					
		E-mail address: (t	o be used for future annual report notif	ication)			
For furthe	r information co	oncerning this matter, please ca	ili:				
Garett Mi	lks		407 9300013 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.00	0 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

Minifigs'R Us LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on September 15th, 2014	and assigned
orida document number L14000143484		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
he Minifig Co. LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		<b></b>
rincipal office address MUST BE A STREET ADDRES	(S)	:
mespas office and sist meet by 12 of mass 1200 miles		= =
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nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	· · · · · · · · · · · · · · · · · · ·	<u> 25</u>
		-
If amending the registered agent and/or register gistered agent and/or the new registered office addres	· · · · · · · · · · · · · · · · · · ·	nter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or need the date inserted in this block does not meet the applicable statutory filing.	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on the earlier (
Gastle Signature of a member or authorized representative	
Constant 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00