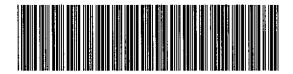
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(Requ	iestor's Name)	
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PICK-UP	MAIT WAIT	MAIL MAIL
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FALLAHASSEE, FLORIDA

COVER LETTER

	Registration Sec Division of Corp			
OUB IEC	Everyday To	oys, LLC.		
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspon	idence concerning this matter	to the following:	
		Jessica Miranda-Lantigua		
			Name of Person	
		Everyday Toys, LLC.		
			Firm/Company	
		6719 Kingsmoor Way		
			Address	
		Miami Lakes, FL 33014		
			City/State and Zip Code	 _
		info@everyday-toys.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
Jessica l	Miranda-Lantigua	1	786 218-9064 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed	d is a check for th	e 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

Everyday Toys, LLC.		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L15000063847	lity Company were filed on 04/07/2015	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "L.L.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	the name of the new
		-A
Name of New Registered Agent:		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
New Registered Office Address:	Enter Florida street address	S = 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
-	, Florida	<u> </u>
New Registered Agent's Signature, if changing Reg	City istered Agent:	Zip Code
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li ange.	familiar with and . if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Jerry Lantigua	6719 Kingsmoor Way	
		Miami Lakes, FL 33014	Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
	 		Add
			□ Remove
			Change
<u></u>			Add
			Remove
			Change
			□ Add
			□ Remove

_□ Change

	
Effective date, if	other than the date of filing: (optional)
f an effective date is l	other than the date of filing: (optional) (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
Note: If the date if document's effective	ve date on the Department of State's records.
se record specif	tion a dolayod offortiya data, but not an offortiya tima, at 13,01 a m. on the cardi
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie after the record is filed.
	after the record is filed.
	after the record is filed.
	- Annual to Atlant

Page 3 of 3

Filing Fee: \$25.00