## L14000037067

(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
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WALL SOUTH PRINCE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 633609 8084518

AUTHORIZATION

COST LIMIT : 05/25/2006

ORDER DATE: May 9, 2017

ORDER TIME : 3:29 PM

ORDER NO. : 633609-010

CUSTOMER NO: 8084518

## DOMESTIC AMENDMENT FILING

NAME: DS TOYS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DS TOYS, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 02/22/2016	and assigned
Florida document number L16000037067		
This amendment is submitted to amend the follo	wing.	
A. If amending name, enter the new name of	the limited liability company here:	4
		2011 Sch
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "H.C."
Enter new principal offices address, if applical	able:	AND O
(Principal office address MUST BE A STREET	[ ADDRESS]	m g p
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	30X)	
B. If amending the registered agent and/or the new registered off	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
<del></del>	Enter Florida street oddress	
	, Flor	
	Cùy	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thais Cavalcanti	Cedar Hammock Trail 3720, St Cloud, FL 34772	■ Add
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ffective	date, if other than the date of filing: (options ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more fillness after fillness after fillness after fillness after fi	al)
<u>Note:</u> If t	the date inserted in this block does not meet the applicable statutory filing requirements, this da	ate will not be listed as the
kocument	's effective date on the Department of State's records.	
	and an elform a deferred effective data to be a second effective data.	
recon The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	1
	022	
Dated	May 09Th, 2017.	HAY CRE D AHA
	you Mucho de liver	SSE O
	Signature of a member or authorized representative of a member	O AM

Page 3 of 3

Filing Fee: \$25.00