## LIGCCCCB7703

(Re	equestor's Name)	
- (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



600297487086

04/05/17--01017--007 \*\*25.00

FILED.

**S Warren** APR 0.7 2017

## **COVER LETTER**

TO: Registration S Division of Co			
Truck Tow	n & Toys, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paul Dawson		
		Name of Person	4 1 <del>1 2   1   1   1   1   1   1   1   1   1 </del>
	Truck Town & Toys, LLC		
	-14	Firm/Company	<del></del>
	463495 E SR 200		
		Address	
	Yulce, FL 32097		
		City/State and Zip Code	
	Paul@trucktownandtoys.co		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Paul Dawson		904 8497786 at ( )	_
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

Truck Town & Toys, LLC		
(Name of the Limited Liab (A Flori	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 29, 2016	and assigned
Plorida document number L16000087703		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	ited liability company here:	
he new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li> </ol>		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent

I hereby accept the uppointment 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
VP	Aron Stefanides	2928 Yale Ave.	
		Jacksonville, FL 32210	[] Remove
			[] Change
Secretary	Allison Stefanides	2928 Yale Ave.	
		Jacksonville, FL 32210	Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
		~	☐ Change
<del></del>			Add
			☐ Remove
<del></del>			Change  Change  Change  Add  Add  Add  Add  Change
			COTALE L Change

_	
· <del></del>	
_	
_	
_	
_	
_	
_	
_	
-	
_	
-	
	July 6, 2016  The date, if other than the date of filing:  Coptional (optional)  Coptional (optional)  Coptional (optional)  Coptional (optional)
te:	Note: 6, 2016
rec	ve date, if other than the date of filing:  July 6, 2016  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
rec	ye date, if other than the date of filing:
rec	we date, if other than the date of filing:    July 6, 2016   (optional)
rec	July 6, 2016  (optional)  ctive date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier both day after the record is filed.  On the earlier of a member or authorized representative of a member.
ote:	ve date, if other than the date of filing:    July 6, 2016   (optional)

Filing Fee: \$25.00