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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		JDA TOYS LLC		
SUBJE	L1	Name of Lim	ited Liability Company	
The encl	iosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JOSE I MORENO		
			Name of Person	
			Firm/Company	
		240 NW 76TH DRIVE, SU	лте б	
		•	Address	
		GAINESVILLE, FLORID	A 32607	
		JIMORENOLAW@GMAII	City/State and Zip Code L.COM	
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca	all:	
JOSE I I	MORENO		352 332-4422 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

BARRACUDA TOYS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07-26-2016 and assigned Florida document number L16000139756 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BARRACUDA CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
			
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an effective date is listed ote: If the date insert	er than the date of f i, the date must be specifited in this block does rate on the Department	c and cannot be prior not meet the application	able statutory filing	ce than 90 days after requirements, this	filing.) Pu	arsuant to Il not be	605.020 listed a
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September 28		. 2018,	_·				
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	Signature	of a member or author	rized representative of	f a member			

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Filing Fee: \$25.00