## L17000189388

(Pa	questor's Name)	
(ne	questors Harrier	
	dress)	<del></del> -
(Ad	aress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
•		

Office Use Only



300306994973

12/28/17--01033--013 \*\*25.06

PEC 26 AND 31

B FIGUEROA DEC 28 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
ento ic		CATIONAL TOYS, LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of z	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter t	to the following:	
		DROR POSTINER		
			Name of Person	
		BRIX EDUCATIONAL TO	DYS, LLC	
		BRIX EDUCATIONAL TOYS, LLC  Firm/Company  7061 GRAND NATIONAL DRIVE, SUITE 105-C  Address		
		7061 GRAND NATIONAL	DRIVE, SUITE 105-C	
		_	Address	1
		ORLANDO, FL 32819		
			City/State and Zip Code	
		DRORPH983@GMAIL.CO		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	11:	
DROR	POSTINER		407 802 9539	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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:

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

BRIX EDUCATIONAL TOYS, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	llity Company as it now appears on our recorda Limited Liability Company)	<u>(ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 9/6/17	and assigned
Florida document number L17000189388		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	AVELLA SOURS LE
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation L.L.G.
Enter new principal offices address, if applicable:		A
Principal office address MUST BE A STREET ADD	DRESS)	
		<del>1</del> 2 2
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		is, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	253
		lorida
	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, 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
MGRM	SHAY COHEN	6135 CRYSTAL VIEW DRIVE	■ Add
		ORLANDO, FL. 32819	□ Remove
			Change
			□ Add
			☐ Remove
			Change
			☐ Remove
		***************************************	☐ Change
			Add
			Remove
		·	Change
			□ Add
			Remove SS Change C 2 And C 2
			Remove

		<del></del>
		<del>-</del>
		<del></del>
		_
E. Effec	tive date, if other than the date of filing:(opti	onal)
(lf an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after.  If the date inserted in this block does not meet the applicable statutory filing requirements, this	r filing.) Pursuant to 605.02
	ment's effective date on the Department of State's records.	s date will not be fished t
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier
If the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 are 90th day after the record is filed.	a.m. on the earlier
(b) Th	e 90th day after the record is filed.	a.m. on the earlier
(b) Th	e 90th day after the record is filed.	a.m. on the earlier
(b) Th	e 90th day after the record is filed.	a.m. on the earlier
(b) Th	e 90th day after the record is filed.	SECULIA SECULIA FI
(b) Th	e 90th day after the record is filed.  3 December 21, 2017	ATTYAL SECUS O OT

Page 3 of 3

Filing Fee: \$25.00