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COVER LETTER

TO:	Registration Se Division of Cor			
CLUBIE	Toy Fund I.	imited IIc		
SUBJEC	ui:	Name of Lim	nited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Leonard H Cooke IV		
			Name of Person	
		Toy Fund Limited LLC		
			Firm/Company	
		6362 Otter Dr		
			Address	· · · · · · · · · · · · · · · · · · ·
		Dade City, Florida 33523		
			City/State and Zip Code	
		Scpowerwash1@gmail.com	1	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Leonard	H Cooke IV		352 4051179 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25. 0	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

TOY FUND LIMITED LLC		
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited List Florida document number L19000081939	ability Company were filed on 3/25/2019	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	2019 SEP
B. If amending the registered agent and/or the new registered of	or registered office address on our lice address here:	8 5
Name of New Registered Agent:	Leonard Hope Cooke IV	5 6 6 C
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	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.

M 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>	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
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			□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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Effective date, if other th	an the date of filing:	(optional)	
Note: If the date inserted in	date must be specific and cannot be price this block does not meet the applie the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 60 icable statutory filing requirements, this date will not be list.	05.0207 (3) sted as the
the record specifies a do) The 90th day after th	elayed effective date, but not not not not not not not not not no	ot an effective time, at 12:01 a.m. on the ear	lier of:
September 16	2019		
Dated	,		
	when	1 homes	
	Signature of a member or aut	horized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00