

L19000 229 960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

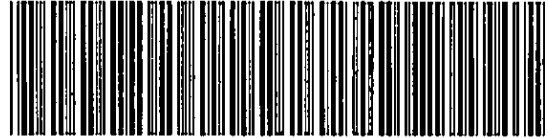
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000334400410

10/03/19--01010--022 \*\*25.00

2019 OCT -3 PM 3:21

2019 OCT -3 PM 3:21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TOYMAN ENTERPRISES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY FLANERY

\_\_\_\_\_  
Name of Person

A MAN IN YOUR HAND

\_\_\_\_\_  
Firm/Company

3619 LINKWOOD ST

\_\_\_\_\_  
Address

NEW PORT RICHEY FL 34652

\_\_\_\_\_  
City/State and Zip Code

LFLAN46@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY FLANERY

727 859-6182  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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

201906-3 PM 3:21

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

## Zip Code

## 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>     | <u>Address</u>                               | <u>Type of Action</u>                   |
|--------------|-----------------|--|---|
| mgr          | LARRY R FLANERY | 3619 Linkwood st New Port<br>Richey FL 34652 | <input checked="" type="checkbox"/> Add |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 30 2019

LARRY R FLANERY

Typed or printed name of signee