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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

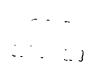
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2019 OCT -3 PM 3: 21



## **COVER LETTER**

Div	ision of Cor	porations					
SUBJECT:	TOYMAN ENTERPRISES LLC						
SUBJECT		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		LARRY FLANERY					
			Name of Person				
		A MAN IN YOUR HANE	)				
		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 notif	ication)			
For further in	nformation co	oncerning this matter, please co	all:				
LARRY FL	ANERY		727 859-6182				
Name of Person				: Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling 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)			
	MAILI	INC ADDRESS:	STREET/COURT	ED ANNDESS.			

1 .

**Registration Section** 

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



TOYMAN ENTERPRISES LLC

2019 OCT -3 PH 3: 2

(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 SEPTEMBER 11,20 Mg and assigned Florida document number L19000229960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

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
mgr	LARRY R FLANERY	3619 Linkwood st New Port Richey FL 34652	BEAdd
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			Change
			□ Add
			Remove
			Change
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			Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00