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APR 2 8 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Sect Division of Corpo	rations		
SUBJECT: 10	I EMTERY	RISED LLC	~
SUBJECT. 1 -		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Edwin	Name of Person	
	Toy 8	Mter Prise Firm/Company	
	3107	E OBBAIR Address	
	TARPA	FL 334/i	0
	E-mail address: (1	City/State and Zip Code  OY 43 D WANG  TO Y 43 D WANG  To be used for future annual report notifi	ou COm
For further information cor	ncerning this matter, please ca	all:	
Edw. \( \sigma \) Name of	TOY	at (813 ) 847-	7622 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)
No. 200 and Address		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOU Enterpri	SEP 1	LLC	2020
(Name of the Limited I	Jability Comp Florida Limited	pany as it now appears on our record d Liability Company)	M. P. P.
Toy Enterpring (Name of the Limited Liabile Florida document number 20000 95) This amendment is submitted to amend the following the control of the control of the Limited Liabile Florida document number 200000 95)	lity Compar   <u>3</u> 17 ng:	ny were filed on April 02	7 20 20 and assigned T
A. If amending name, <u>enter the new name of the</u>	e limited lia	ibility company here:	
The new name must be distinguishable and contain the words	mE Climited Lia	hility Company " the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	SAME	
B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent:  New Registered Office Address:	ere:	SAME  SAME  Enter Florida street addre	747
		c nj.	г.р с оас

### 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 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

Type of Action Title MGR YOLANDA BAKER 3107E OSBOYNE TAMPA, FL 33610 PRemove AMBR DERRICK Engran 7608 N. Sanibel Circle &Add TAMPA, FL 33637 Remove \_\_\_\_\_ □Change AMBR Bregory Baken 3107E OSBOTNE LAND TANDA, FL 336/0 | Remove \_\_\_\_ □Change \_\_\_\_\_\_ □Change \_\_\_\_\_ □Remove

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Note: If the	date, if other than the diverget date is listed, the date must be the date inserted in this block is effective date on the Dep	k does not meet the a	ipplicable statuto	ng or more man 20 da	(optional) ys after filing.) Pursuant to its, this date will not be	605.0207 (3 listed as th
ne record spord is filed.	pecifies a delayed effective of	date, but not an effec	tive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day :	after the
Dated	4-13-20	<u> </u>	·			
	$\mathcal{S}I$ .		-			
		~				
	S	ignature of a member o	r authorized repres	entative of a member		-

Filing Fee: \$25.00