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Y. SCOTT

APR 18 2022

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE TOYLOY'S SENICES 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:
Cartin Bloodsworth
THE TOUCH Senice With The Firm/Company  HSY N. LEFERSON AVE THE TOUCH Address  Address PAN 22 SEF III
Cattin 1920 October Code  Cattin 1920 October Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Cartin Bloodsworth at 044 557-4031  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee

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

T+F Taylor's Services LC
(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 onand assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  THE TOY OF SETUCION  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." A
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  (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: Cathin Bloods Worth USU No 104 COKIN AVE
New Registered Office Address:    Sold   City   Code   City   Cit

## 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.

T Changing Registered Agent, Signature of New Registered Agent

		Authorized Person(s) authorized to many our records:	anage, enter the title, name, and address of each p	erson being added				
	MGR = Manager AMBR = Authorized Member							
<u>Ti</u>	<u>tle</u>	Name	Address	Type of Action				
4ME	3R	Tanya Taylor	Jay Sonng Calo Cir Sayasta Fi 34234	□Add				
		·	Sarasta FL 34239	Remove				
				□Change				
M	56	Franklin Taylor	2341Spnrg Cals Cir Sarasota FL 34234	_ □Add				
			Jarasota FL 34234	Remove				
		0,		□Change				
HM_	BR	Cauthin Bloodsur	th 454 N. Jefferson Av	Andd				
			Mrawa Fl 3/137	Remove				
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16	MC	Cartlin Bladsworth	454 N. Jefferson An	<u>l</u> Xvdd				
			Jarasta 71 34237	□Remove				
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Tanya Taylor a Frank Taylor has given the business to Cautin Baxish roth	ı
She is our days Her	
SECR. AL.	
AFR -5	
OF STAT	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	the
Dated 331200.	
Signature of a member or authorized representative of a member  Outhin Bloods WOAL	

E.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee