

L20000289397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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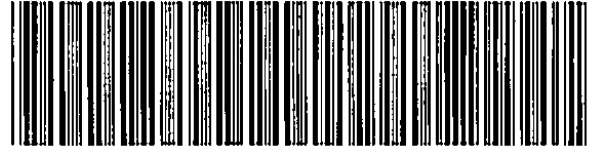
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2021-03-08 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FL

# COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2022 OCT 31 PM 12:25  
RECEIVED

SUBJECT: Legends of the Wizard of Oz LLC

Name of Limited Liability Company

2022 OCT 31 PM 12:25  
RECEIVED

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Paris

Name of Person

Legends of the Wizard Of Oz

Firm/Company

2573 tecumseh drive

Address

west palm beach florida 33409

City/State and Zip Code

toytronics@aol.com

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

For further information concerning this matter, please call:

Bruce(Buddy Paris

516

9934776

at ( )

Name of Person

Area Code

Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2023

BRUCE PARIS  
2573 TECUMSEH DRIVE  
WEST PALM BEACH, FL 33409

SUBJECT: THE LEGENDS OF THE WIZARD OF OZ L.L.C.  
Ref. Number: L20000289397

We have received your document for THE LEGENDS OF THE WIZARD OF OZ L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The Current Name of the LLC must be listed exactly as it appears on DOS records (see printout). The NEW NAME TOYTRONICS IS NOT AVAILABLE.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 923A00002041

AS PER CONVERSATION WITH JASMINE HAZ  
ON 2/8/23 - NAME Toytronics The Legend  
THE WIZARD OF OZ IS AVAILABLE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2023 FEB -8 AM 8:3  
STATE OF FLORIDA  
TALLAHASSEE, FL

THE LEGENDS OF THE WIZARD OF OZ L.L.C.

(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 9/15/2020 and assigned  
Florida document number 20000289397.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TOYTRONICS THE LEGENDS OF WIZARD OZ  
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*

\_\_\_\_\_, 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 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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

2023113-8 AM 8:36  
CLERK OF STATE  
HALL, ALABAMA, FL

2023-8 AM 8:36  
OFFICE OF STATE  
ATTORNEY GENERAL, FL

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(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 605.0207 (3)

(b) The 90th day after the record is filed.

Dated

10/08/22

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Bruce M Paris

Typed or printed name of signee