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end ne		TOYS LLC		•	٠
SUBJE.	C1:	Name of Lim	ited Liability Company		
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	ndence concerning this matter	to the following:		
		IRAQ J PACHECO			
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: IRAQ J PACHECO Name of Person IMPERIAL TOYS LLC Firm/Company 5603 NW 159TH STREET Address MIAMI GARDENS, FL 33014 City/State and Zip Code ip@imperialairrepairs.com E-mail address: (to be used for future annual report notification) ther information concerning this matter. please call: checo 305 Name of Person Name of Person Daytime Telephone Number				
		Name of Limited Liability Company Tricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: IRAQ J PACHECO Name of Person IMPERIAL TOYS LLC Firm/Company 5603 NW 159TH STREET Address MIAMI GARDENS. FL 33014 City/State and Zip Code ip@imperialairrepairs.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person at (
			Firm/Company		
Division of Corporations IMPERIAL TOYS 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: IRAQ J PACHECO Name of Person IMPERIAL TOYS LLC Firm/Company 5603 NW 159TH STREET Address MIAMI GARDENS, FL 33014 City/State and Zip Code ip@imperialairrepairs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Iraq Pacheco Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
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Division of Corporations IMPERIAL TOYS 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: IRAQ J PACHECO Name of Person IMPERIAL TOYS LLC Firm/Company 5603 NW 159TH STREET Address MIAMI GARDENS, FL 33014 City/Nate and Zip Code ip@imperialairrepairs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Iraq Pacheco Name of Person Address 1305 14 (
		<u> </u>	City/State and Zip Code	Ort notification) 51 Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		E-mail address: (to be used for future annual re	eport notification)	
For furt	her information co	oncerning this matter, please ca	all:		
Iraq Pa	checo				
	Name of	Person		Daytime Telephone Nur	mber
Enclose	d is a check for th	e following amount:			
■ \$25	5.00 Filing Fee		Certified Copy	Certi osed) Certi	ficate of Status & fied Copy
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

IMPERIAL TOYS LLC	11 11 FTO 115
(Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)
(A Florida Limited)	Liability Company)
e Articles of Organization for this Limited Liability Company	were filed on $\frac{04/06/2021}{}$ and assigned
2 21000144440	were fried on and assigned
orida document number L21000144669	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	dlity company here:
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L,L,C,"
nter new principal offices address, if applicable:	5603 N.W. 159th Street.
Principal office address MUST BE A STREET ADDRESS)	Miami Gardens, FL 33014
rincipal office address SIOST BE A STREET ADDRESSY	
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
Tuning address SIAT BE A FOST OFFICE BOX)	
. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new regi</u> s
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer v tortuu street auaress
	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 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	IRAQ J PACHECO VAZQUEZ	5603 N.W. 159th Street Miami Gardens, FL 33014	□Add
			□Remove
			≘ Change
			🗆 Add
			□Remove
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ffect	ve date, if other than the date of filing:
	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fi	ed.
	DECEMBER, 14 / 2021
ated	- DECEMBER, 14 / 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member