

L210000179684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

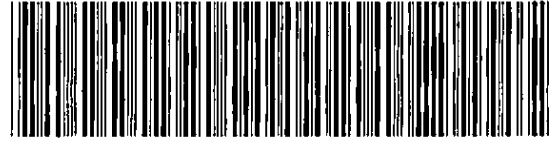
(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer.

N/C 3 Amend Wmils

Office Use Only



600415492256

09/13/23--01007--015 **25.00

FILED
2023 OCT -3 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Toy Yard 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:

Julia Voss

Name of Person

Ansbacher Law

Firm/Company

8818 Goodbys Executive Dr.

Address

Jacksonville, FL 32217

City/State and Zip Code

jav@ansbacher.net

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

For further information concerning this matter, please call:

Julia Voss

904

737-4600

at (_____) _____

Name of Person

Area Code

Daytime 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)

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**

The Toy Yard LLC

(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 April 19, 2021 and assigned
Florida document number L21000179684.

This amendment is submitted to amend the following:

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

Toy Yard Events, LLC

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)

189 Maple Tree Lane

Elkton, FL 32033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

189 Maple Tree Lane

Elkton, FL 32033

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:

Ansbacher Law, P.A.

New Registered Office Address:

8818 Goodbys Executive Dr.

Enter Florida street address

Jacksonville

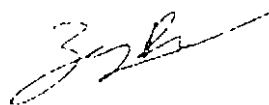
Florida 32217

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

FILED
2021 OCT -3 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeremy D. Hollingsworth	5197 Avenue B	<input type="checkbox"/> Add
		Saint Augustine, FL 32095	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rake Family Investments LLC	189 Maple Tree Lane	<input checked="" type="checkbox"/> Add
		Elkton, FL 32033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 6th, 2023

CC

Signature of a member or authorized representative of a member

Mqr

Rake Family Investments LLC

Typed or printed name of signee

Doc ID: 34283ec59c1eb8612241e374bc64324a09f332cd