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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUNCTIONAL TOYS, LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUNCTIONAL T (Name of the Limited Liability (A Florids	OYS LL C y Company as it now appears on our re Limited Liability Company)	cords.
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000338575</u>	ompany were filed on 07/261	ಎ೦೨ 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
		23
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	100 F (1)
Enter new mailing address, if applicable:		1:12
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>c</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	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

Sep 14 2021 06:14PM HP Fax 3054063999

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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>	Name	Address	Type of Action
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		Hiami, FL 33182	□Remove
			□Change
Ambr	TORO, Luis	12801 NW 11 Th ST	□Add
		Miami FL 33182	□Remove
			□ Add
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ffective date, if other than the da	te of filing: <u>09</u>	14/2021		_ (optional)		
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be possible and cannot be possible and cannot be applied the applicable and cannot be possible and cannot be presented and cannot	prior to date of fil- plicable statuto	ing or more than 90 or ry filing requirem	lays after filing.) I ents, this date w	Pursuant to vill not be	605.020 listed (
ocument's effective date on the Depa	rtment of State's reco	ords.	- '			
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