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Division of Corporations

H220003127653

Florida Department of State Division of Companions

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COVER LETTER

TO: Registration S Division of Co	ection * rporations		"
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fec(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Cory Carter		
		Name of Person	
Name of Person 471 Spinnaker Ct Firm/Company Address Naple, FL 34102 City/State and Zip Code lorijane.graham@quaries.com E-mail address: (to be used for future annual report) For further information concerning this matter, please call: Pamela Lundborg Name of Person Name of Person Pamela Lundborg Name of Person Area Code Da Enclosed is a check for the following amount: S255.00 Filing Fee & Certified Copy (additional copy is enclosed)			
		Firm/Company	
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	Naple, FL 34102		
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	lorijane.granam@quaries.co	o be used for future annual report notific	eation)
For further information	concerning this matter, please co	all:	
Pamela Lundborg		239- 434-4959	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
	S30.00 Filing Fee &	Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	ress:	Street Address: Registration Scc	tion

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

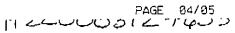
HZZ0003127653

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 12/23/2021	and assigned
Florida document number L22000002982	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
·	
Enter new malling address if applicables	
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 nagent and/or the new registered office address here:	ame of the new registered
	202
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	P F
, Florida	240 Codes
New Registered Agent's Signature, if changing Registered Agent:	8 8

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

Title	<u>Name</u>	Address	Type of Action
MGR	Gwendolyn Heasley	471 Spinnaker Ct.	■Add
		Napics, FL 34102	□Remove
			Change
			□Add
	•		Remove
			□ Change
			DAdd
			□ Remove
			☐ Change
			□Add
			DRemove
			☐ Change
		·	□Add
			🖳 Rcmove
			Change
			□ Add
			Remove
			☐ Change

If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>	
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		•
Effective date, if other than the all on effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	5.0207 (i ed as ti
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated Scptember 09	. 2022	
	Cory Cartar Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Cory Carter	Lyped or printed name of signee	

čiting Fee. 323.66