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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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(Busine	ess Entity Name	)
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Certified Copies	Certificates o	f Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
5 STARS T SUBJECT:	OYS LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	<u> </u>
		Firm/Company	
		Address	
		City/State and Zip Code	
		,	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	_		
■ \$25.00 Filing Fee	☐ S30.00 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR -9 AM 8: 37

5 STARS TOYS LLC	,	<b>⊃E</b> UKE i, √	. U: STATE
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.	ISSEE, FL
The Articles of Organization for this Limited Liability Company v  Florida document number	vere filed on	01/10/2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the des	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>
	<u>-</u>		
Take a second of the second se			
Enter new mailing address, if applicable:			<del>_</del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our re	cords, <u>enter the name</u>	of the new registered
New Registered Office Address:	Enter Florid	da street address	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of r rovided for in Ci	my duties, and 1 am fa hapter 605, F.S. Or, if	miliar with and this document is

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	JACOBO AISEMBERG	6713 NW 84th AVE MIAMI FL 33166	■Add
			□Remove
			□ Change
MGR	ALEJANDRO GUERRERO	6713 NW 84th AVE MIAMI FL 33166	□Add
			■ Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
		<del></del> -	□Change
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fan effect <mark>Note:</mark> If	e date, if other than the date of filing:	.020° ed a:
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte 1.	r the
<i>a 15</i> 11100		
M	2022 ·	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00