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SECRETARY OF STATE
TALLAHAS SEE TATE

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	oorations		
SUBJECT: The	Toy of The L	Ord LLC ted Liability Company	
	Amendment and fee(s) are sub-	•	
	Chanei Dri	1 M mond Name of Person	
	The Joy of	Firm/Company	<u>C</u> 24045
	2681 North Flam	lingo Ruad Sunrise Address	, FL 33323
	Sunrise, FL	33323 City/State and Zip Code	``
For further information co	E-mail address: (to	COMPANDE GAMES OF THE CONTROL OF THE	fication)
Chanel Dr	Person	at (<u>305</u>) <u>335- 3</u> Area Code Daytim	2.2.70 e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION []

2022 MAR - 1 AM 8: 00 The Joy of the Same of the Limited Liability Company as it now appears on our records.) 3 1911 (A Florida Limited Liability Company) [ALL 2] 5 5 5 6 . Fi The Articles of Organization for this Limited Liability Company were filed on February 07, 2022 and assigned Florida document number <u>L 22000062595</u> 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida __ City 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Ambr</u>	Chanel R. Drummond	2681 North Flamingo Road	(B/\dd
		2481 North Flamingo Road 24065 Sunrise, FL 33323	□Remove
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(If an effective date is listed Note: If the date insert	er than the date of filing: the date must be specific and eated in this block does not meate on the Department of States	mnot be prior to date of fi at the applicable statute	ling or more than 90 days a	ptional) alter liling.) Pursuant to 605.02 this date will not be listed
ord is filed.	yed effective date, but not ar			
Dated <u>Februar</u>	JA Drymac	2002.	sentative of a member	
Chan	ej B Drymme	nd		

Filing Fee: \$25.00