422000413165

	1
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tily Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	cer:
-	
N/C COS/CC	
•	Use Only
VIIICE	Ç op L Cinγ



900395088759

09/29/22--01010--022 **60.00

FILED STATE
SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATIONS
2022 SEP 29 PM 2: 41

... 1300101

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A-PL	US TOX BOX, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
A	Vin Singh Name of Person
4	Name of Person
<u> </u>	PLUS TOX BOX, LLC
	Firm/Company
14	1693 Trapper Rol
	Address
\bigcirc	PLUS TOX BOX, LLC Firm/Company 693 Trapper Rol Address Lando, FL 32837 City/State and Zip Code Plustoy box e g mail. com F-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning	
Name of Person	at (6/2) 9/9 - 130 4 Area Code Daytime Telephone Number
Enclosed is a check for the following	ag amount:
	.00 Filing Fee & U \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	ons Division of Corporations
P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 arrana3500, 1 L 3231	The state of the s

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-PLYS TOX BOX, LLC

The Articles of Organization for this Limited Liability Company were filed on September 21, 2022 and assigned Florida document number L2200413165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-PLUS TOY BOX, LLC

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 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 or removed from our records:		(s) authorized to r	nanage, <u>enter the title, name, an</u>	d address of each person being ad
MGR = M AMBR = A	lanager Authorized Member			
<u> Fitle</u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				Change
				□Remove
				□Change
			-	□Remove
				□Change
				□Add
				□ Remove
				Change
				🗀 Add
			 	□Remove
				☐ Change
				□Add
				□Remove
				□Change

D. If ame	nding any other infort	nation, enter change(s) here: (Attach additional sheets, if necessary.)
-		
_		
-		
_		
-		
_		
_		
_		
_		
_		
_		
(If an effe <u>Note:</u>	If the date inserted in this	the date of filing:
If the record record is fil		tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated .	September 26'4	. 2027.
		Signature of a member or authorized representative of a member
	Alvin	Typed or printed name of signee