Fax: 2083295246

Division of Corporations

## Florida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future

ເປັນEmail Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TDA WEBSITE SERVICES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

## TDA WEBSITE SERVICES LLC

(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 w             | vere filed on 09/05/2023                     | and assigned            |
|---|--|-------------------------|
| Florida document number L23000413162  |  |                         |
| riofina document number   |  |                         |
| This amendment is submitted to amend the following:                           |  |                         |
| A. If amending name, enter the new name of the limited liabil                 | ity company here:                            |                         |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "ELC" or the abb | previanon "L.L.C."      |
| Enter new principal offices address, if applicable:                           | ·· -   |                         |
| (Principal office address MUST BE A STREET ADDRESS)                           |  |                         |
|   |  |                         |
|   |  |                         |
| Enter new mailing address, if applicable:                                     |  | <del></del>             |
| (Mailing address MAY BE A POST OFFICE BOX)                                    |  | ري<br>دع<br>دع          |
|   |  | ر ن<br>نا               |
|   |  | ı                       |
| B. If amending the registered agent and/or registered office ac               | ldress on our records, enter the name        | e of the new registered |
| agent and/or the new registered office address here:                          |  |                         |
|   |  | · 2                     |
| Name of New Registered Agent:   | - <del></del>                                | ယ<br>                   |
| New Registered Office Address:  |  |                         |
|   | Enter Florida street address                 |                         |
|   | Florida                                      |                         |
|   | Cip  | 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 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>       | <u>Address</u>                        | Type of Action |
|--------------|-------------------|---------------------------------------|----------------|
| AMBR         | OY Supplies LLC   | 7901 4th St N STE 300                 | <b>Z</b> IAdd  |
|              |                   | St. Petersburg, FL 33702              | □Remove        |
|              |                   |                                       | IDChange       |
| AMBR         | Prestige Toyz LLC | 7901 4th St N STE 300                 | <b>Z</b> /Add  |
|              |                   | St. Petersburg, FL 3370?              | □Remove        |
|              |                   |                                       | []Change       |
| AMBR         | Dobi, Norbert     | 7901 4th St N STE 300                 |                |
|              |                   | St. Petersburg, FL 33702              | □Remove        |
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|                       |             |                                 |                         |                            |                |
| D. If amendin         | g any other | information, enter change(s) he | re: (Attach additional) | sheets, if necessary.)     |                |

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| F. Effective date, if other than the office effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applica         | to date of filing or more than 90 da<br>able statutory filing requiremen | (optional)<br>ys after filing ) Pursuant to 605,0207 (3)(<br>its, this date will not be listed as the |
| If the record specifies a delayed effective record is filed  | date, but not an effective fir        | ne, at 12:01 a.m. on the earlie.   | of: (b) The 90th day after the  |
| Dated September 8  | 2023                                  | <u> </u>   |   |
|  |                                       |  |   |
|  |                                       | rized representative of a member   |   |
|  | Signature of a member or milho        | rized representative of a member   |   |
|  |                                       |  |   |
|  | Na                                    | it Smith   |   |

Filing Fee: \$25.00

Typed or printed name of signee