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COVER LETTER

	Registration Sec Division of Corp			•
eus ieze	POWER PL	LAY SOLUTIONS LLC	•	•
SUBJEC"	I:	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		Processing Department		
			Name of Person	
		MyCorporation Business S	Services, Inc.	
			Firm/Company	· · · · · ·
		26025 Mureau Road Suite	120	
	Address			
		Calabasas, CA 91302		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	r information co	oncerning this matter, please ca	all:	
Processin	g Department		877 692-6772	
	Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$25.00	0 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>Jailing Address</u> Registration S		Street Address: Registration S	ection
Division of Corporations P.O. Box 6327		Division of Co	orporations	
		The Centre of	Tallahassee	

Tallahassee. FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 NOV 12 PH 4: 18

POWER PLAY SOLUTIONS LLC

SECRETARY OF STATE

The Articles of Organization for this Limited Liability C Florida document number <u>L21000233825</u>	Company were filed on <u>05/19/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Making Power Plays. LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our records, enter the	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	da
	City	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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREW GODFREY	7901 4TH ST N ST SUITE 300	□Add
		ST. PETERSBURG, FL 33702	■Remove
			🗆 Change
AMBR	Power Play Solutions Business Trust	7901 4TH ST N ST SUITE 300	© Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			Remove
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e Note:	tive date, if other than the date of filing:
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	11.3.2021
Daio	And Constitute of a member of authorized representative of a member
	Power Play Solutions Business Trust, Member

Typed or printed name of signee