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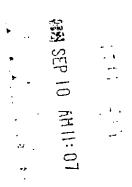
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: P	LY Custom	CASINETRY LI	L <u>L</u>
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		EVIN C. MILE	5
		Name of Person	
	PLY	Custom (ABEN	Etry LLC
		Firm/Company	•
	1107 5	ALABAY AVE	
	TAM	PA FL 33607 City/State and Zip Code	{
		City/State and Zip Code	y
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The second second second			meanon)
_	oncerning this matter, please c		
DEUIN	C. MILES	at (<u>863</u>) 348	3-4238
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLY	ustom	(ABJNEHLY	LL	
(Name of the I	Amited Liability Compa (A Florida Limited I	ny as it now appears on o	our records.)	

The Articles of Organization for this Limited Liability Company were filed on <u>August</u>, <u>102</u> and assigned Florida document number <u>L21000378696</u>.

This amendment is submitted to amend the following:

A.	If amending	name, enter t	the new nar	ne of the limit	ed liability	company l	here

Futar many principal officer address: if applicables		
Enter new principal offices address, if applicable:	<u> </u>	:
(Principal office address MUST BE A STREET ADDRESS)	1.	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	07	
	address on our records, enter the name of the new	registe
	address on our records, enter the name of the new	registe
gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new	registe
gent and/or the new registered office address here:	e address on our records, enter the name of the new	registe
•		registe

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ord specifies filed.	a delayed effective do	ste, but not an e	ffective time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day at
ed <u>9/-</u>	7/2021		12	0		
	Sig		er or authorized re		nember	