

L 220 000 277 03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

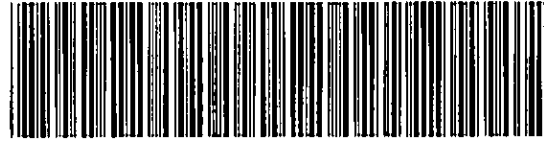
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008-08-26 14:00:00

22 AUG 26 PM 4:00
OFFICE OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UPLAY America, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Martin Freisz

Name of Person

UPLAY America, LLC

Firm/Company

8130 Lakewood Main Street, 103 - 355

Address

Lakwood Ranch, Florida 34202

City/State and Zip Code

fun@uplayamerica.com

E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Eduardo Martin Freisz

604

889-3874

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UPLAY America, 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 were filed on 01/14/2022 and assigned Florida document number L22000027703

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8130 Lakewood Main St., Suite 103-355
Bradenton, FL 34202

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8130 Lakewood Main St., Suite 103-355
Bradenton, FL 34202

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:

Palmer Accounting Group, PA

New Registered Office Address:

5652 Marquesas Circle

Enter Florida street address

Sarasota

City

Florida

34233

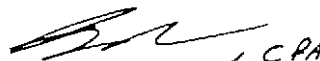
Zip Code

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REGISTRY OF CORPORATIONS

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FREISZ, EDUARDO MARTIN	8130 Lakewood Main Street, Suite 103-355	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	FRIESZ, EDUARDO MARTIN	2054 Vista Pkwy Suite 400	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 Division of Corporations
 State of Florida

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 18th, 2022

Signature of a member or authorized representative of a member

E DUARDO MARTIN FRIESZ

Typed or printed name of signee