Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREDATOR PLAY LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

M. SOLOLICH

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Predator Play LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Plorida document number L22000175541	ility Company were filed on 04/12/22	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	2022
Principal office address MUST BE A STREET A	(IDDRESS)	y 'a
		*
		1022 MAY 11 PH 3: 19
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BO	<u></u>	
 If amending the registered agent and/or registered office address is 		ne name of the new register
NO CALL District I A seed		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Fater Florida street address	4444
	Enter Florida street address, Flor	

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>	Address	Type of Action
AMBR	Vegeta LLC	7901 4th Street N STE 300	O XJAdd
		St. Petersburg FL 33702	2 □Remove
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ffective date, if other than the	date of filing:	opti	ional)
ote: If the date inserted in this bl	at be specific and cannot be prior to dat ook does not meet the applicable s	statutory filing requirements, this	is date will not be listed as
ocument's effective date on the D	epartment of State s records.		
record specifies a delayed effectiv Lis filed.	re date, but not an effective time, a	t 12:01 a.m. on the earlier of: (I	The 90th day after the
	2000		
ated May 11	. 2022		

Filing Fee: \$25.00

Typed or printed name of signee