1206000094419

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COVER LETTER

TO: Registration Division of C		ı ,			
SUBJECT:	PLAYOU	ITLET USA LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	spondence concerning this matter	r to the following:			
		LEO MILEWICZ			
		Name of Person			
	Firm/Company				
	10560 RICHFIELD WAY			ZBÍN DEC	ě
	Address			C27	1
	BOY	BOYNTON BEACH, FL 33437 City/State and Zip Code			
	LM	IILEWICZ@AOL.COM		3 STATE LORIDA	المراجعة ا
For further information	E-mail address: (n concerning this matter, please of	to be used for future annual report notif	ication)		
. LI	EO MILEWICZ	_{at (} 561 ₎	756-6986		
Name	e of Person	Area Code & Daytime	e Telephone Number	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Status &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UTLET USA LLC			
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number L06000094419	ompany were filed on	09/26/2006	and assigned	
1 Jorda document number	_ '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
•			7A 28	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation '	TC" or the abbreviation	
Enter new principal offices address, if applicable:			S 2 1	
(Principal office address MUST BE A STREET ADDR.	ESS)	 	me a lil	
			6 9 1 1	
			REP. SE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register		our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office addr	ess here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGŘ = Manager

MGRM = Managing Member Title Address **Type of Action** Name MGR **JESSICA MILEWICZ** 10560 RICHFIELD WAY ✓ Add **BOYNTON BEACH, FL 33437** Remove MGR RYAN MILEWICZ 10560 RICHFIELD WAY ₽ Add **BOYNTON BEACH, FL 33437** Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER 14 2011 Dated Signature of a member or authorized representative of a member LEO MILEWICZ MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00