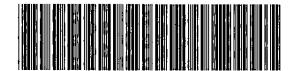
## 112000 13017

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ı
	1
	١
	╝

Office Use Only



500256754435

02/20/14--01005--006 \*\*25.00



## **COVER LETTER**

TO:	Registration Second Division of Corp			
SURII	rct: 5N	AP AND PLAY LL	_c	
0000		Name of Limi	ted Liability Company	***************************************
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		TRO	Name of Person	
			Name of Person	
		SNA	Firm/Company	<u>C</u>
			Firm/Company	
		130 S. ORA	NGE AVE. SU	ITE 210
			Address	
		ORLANDO	City/State and Zip Code  Right Brain Mea  o be used for future annual rep	······································
			City/State and Zip Code	4.
		E-mail address: (i	o be used for future annual repo	ort notification)
For fur	ther information co	ncerning this matter, please ca	11:	
	TROY BUB	LEY	at ( <u>467</u> ) 90	09 - 9718 ex f. 113 Daytime Telephone Number
_	ed is a check for the	following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAP AND	PLAY LLC		_	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		_	
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L/2000130172</u> .	pany were filed on $10/12/20/2$	and	assigned	
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 end with the words "Limited	Liability Company," the designation "LLC" or the	abbreviation	n "L.L.C."	
Enter new principal offices address, if applicable:	Marie Control of the			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<del> </del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
		······································	<del></del>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the nan	ne of the ne	<u>ew</u>
			<u>;</u> ;	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	.E> :	रहें 'ऽ	
New Registered Office Address:		13.	<u> </u>	
	Enter Florida street address	174 ·		
	, Florida _	Zin Co	do	

## 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	CHRISTOPHER R. FAVIS		Add
		ORLANDO, FL 32819	Remove
			Remove
			Add
			☐ Remove
			Add S
			Remove
		·	Add
			□ Remove
·····			D Add
			□ Remove

e effective date must be specific, cannot be prior to date of receipt or filed date ar	(optional) d cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date are date this document is filed by the Florida Department of State)	
ae ald	d cannot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00