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B. BOSTICK

SEP - 3 2014

COVER LETTER

Division of Corporations
SUBJECT: Playing The Recolaring Game, LLC. Name of Limited Liability Company
Name of Limit of Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rochelle "Shelly" Solomon Name of Person
Playing The Recording Game, LLC Firm/Company
2855 11 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2855 N. University Dr. Stc 510
City/State and Zip Code
Shelly o Rochells Solomon (aw, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Rochelic "Shelly Solomon at (954) JJ8 - 5802 Name of Person Area Code Daytime Telephone Number Code Code Daytime Telephone Number Code Co
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$60.00.Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$ 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

PLAYING THE K (Name of the Limited Liability Com	PECRUITING GAME, pany as it now appears on our records.) d Liability Company)	LLC
(A Florida Limite The Articles of Organization for this Limited Liability Compar Florida document number <u>L 14000 45548</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5645 (Oral Ridge (Oral Springs, Fl.	Drive #145 33076
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the new
Name of New Registered Agent:		22.22
New Registered Office Address:	Enter Florida street address , Florida	
New Registered Agent's Signature, if changing Registered Agen	City	Sizip Codle

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

MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action MGR SOLOMON, ROCHELLE 2855 N. University DI, Ste 510 - Add (0'al Springs, Fl 33065 NRemove 2855 N. University Dr Stc 510 Add MGR LANE, ERICA (0'al 5A1175, Fl 33065 Remove STOUTT, RYAN 2855 N. University Dr. Stc 510 DAdd Colal Spings, FC 33065 Remove MGR PTG Management Group, (1) 2855 N. University Dr. Stc510 Add Coral Springs, FL 33065 □ Add □ Remove

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	te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)	
the date thi		
the date thi	ocument is filed by the Florida Department of State)	ن مجائز تار تا

Page 3 of 3

Filing Fee: \$25.00