144000093585

(Re	equestor's Name)	
(Ad	dress)	<u>. </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)'
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATES ALLAHASSEE, FLORIDA 2015 OCT 29 A II: 39

OEF 30 2015 O. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2015

REBECCA DRAY 917 N PENNSYLVANIA AVE WINTER PARK, FL 32789

SUBJECT: PREMAPLAY LLC Ref. Number: L14000093585

We have received your document for PREMAPLAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00022023

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	PremaPlay					
JOBJEC 1	•		ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Rebecca Dray				
			Name of Person			
		PremaPlay LLC				
		•	Firm/Company			
		917 N Pennsylvania Ave				
			Address			
		Winter Park, FL 32789				
			City/State and Zip Code		20 1741 1741	
		premaplay@gmail.com			15 B	
			to be used for future annual repo	ort notification)	2015 OCT 29 SECRETARY ALLAHASSE	PERMIT
For further	information co	oncerning this matter, please ca	ill:		ელ გე ლ≺ ച	(Palme
Rebecca D	ray		at ()	90-5601	Ers >	
	Name o	f Person	Area Code I	Daytime Telephone Number	II: 39	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (of Status &	

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

PremaPlay LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records d Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on June 9th 2014	and assigned
Florida document number L14000093585		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		2018 SE
		> T - ****
]>- =
Enter new mailing address, if applicable:		[77] +-4′ [3]
(Mailing address MAY BE A POST OFFICE BOX)		
Muning undress MAT BE ATOST OFFICE BOX	•	85 =
		On W
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		<i>-</i>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
		orida
	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 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	Kristina Blake	10523 Mira Lago Lane, Clermont,	Add
		FL 34711	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			ZECRES OC.
			AHASSEE PREMIOVE
			Reinove
-			□ Remove
			Change
			Add
			☐ Remove
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September 1st 2015 a effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, and the secord is filed.	at 12:01 a.m. on the earlier
ed 10/12/2015 ,,	

Page 3 of 3

Filing Fee: \$25.00