L15000019377

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T. HAMPTON

COVER LETTER

	egistration Sec ivision of Corp			
	A CLEAN	PLACE TO PLAY LLO		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		Matthew D. Allen		
			Name of Person	
		A CLEAN PLACE TO	O PLAY LLC	
			Firm/Company	
		3959 Van Dyke Rd.	Suite 224	
			Address	<u> </u>
		Lutz, Florida 33558		
			City/State and Zip Code	<u> </u>
		Dan@aCleanPlaceto	Play.com to be used for future annual report notifice	4'
For further	information co	ncerning this matter, please co	•	nuon)
Matthew	v D. Allen		813 968-0001	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	s a check for the	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, 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

A CLEAN PLACE TO PLAY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/02/15	and assigned
Florida document number L15000019337		THE RESERVE TO THE PARTY OF THE
This amendment is submitted to amend the following:		126 P
A. If amending name, enter the new name of the limited liab	ility company here:	P.F. F. G. G. F. F. G. F. F. G. F. G. F. F. G. F. F. F. F. G. F. F. F. G. F. F. F. G. F. F. F. G. F. F. F. F. G. F. F. F. F. G. F. F. F. F. G. F. F. F. F. G. F. F. F. G. F. F. F. F. F. F. F. F. G. F.
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3959 Van Dyke Rd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 224	
	Lutz, Florida 33558	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	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 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	<u>Name</u>	Address	Type of Action
AMBR	Matthew D. Allen	5114 Pheasant Woods Drive	■ Add
		Lutz, Florida 33558	□ Remove
,			□ Remove
			Remove 55
***************************************			B 26 Add
			Remove 5
			☐ Add
			Remove
			Add
	<i>3</i>		□ Remove

If amending any other information	ation, enter change(s) here: (Attach addition	al sheets, if necessary.)
,		
***************************************		· · · · · · · · · · · · · · · · · · ·
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Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cannot be a lorida Department of State)	(optional) more than 90 days after
Dated February 23,	2015	
Dated	Louis & Illen	
Sonya E. Allen	Signature of a member or authorized representative of	a member
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 FEB 26 PM 1: 15
SECKLIARY OF STATE