L15000106635

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor	ection rporations	
RangerStuc	dios LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Robert Heras	
	Name of Person	
	RangerStudios LLC	
	Firm/Company	
	4720 sw 97 ave	
	Address	
	Miami, FL 33165	
	City/State and Zip Code	
	herasrobert@gmail.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Robert Heras	of Person Area Code Daytime Telephone Number	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e 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

(Name of the Limited Liability Compa		
(A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000106635	were filed on 6/18/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PlayedIt Studios LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4720 sw 97 ave Miami, FL 33165	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
12 - Moopin Office minices 11001 22 11011 1102 1102 1102 1102 110		
		25年 79 三
Enter new mailing address, if applicable:	4720 sw 97 ave Miami, FL 33165	
• • • • • • • • • • • • • • • • • • • •		27 7
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of		er the name of the nev
Name of New Registered Agent:	<u>e</u> :	
Name of New Registered Agent:	e: Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Florida	
Name of New Registered Agent:	Enter Florida street address, Florida City	

If Changing Registered Agent, Signature of New Registered Agent

r removed from our records: 1GR = Manager				
AMBR = Authorized Member				
itle	<u>Name</u>	Address	Type of Action	
<u>.</u>			Add	
		 	Remove	
			☐ Change	
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			Add	
			☐ Remove	
			□ Change	

		
m effec ote:	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this t's effective date on the Department of State's records.	filing.) Pursuant to 605.020
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed.	.m. on the earlier o
ted _	6/24/2015 Det	- ਹਾਂ/2
	Set	25 J
	Signature of a member or authorized representative of a member	A-11
	Signature of a member of authorized representative of a member	F1L

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Filing Fee: \$25.00