

2/20/2018

Division of Corporations
H180000582573
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L180000582573

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From:

Account Name : SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MADKINS@902WEBSTER.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLAY HARDER, LLC**

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Corporate Filing Menu

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O SIMMONS
FEB 21 2018

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PLAY HARDER, 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 01/16/18 and assigned
 Florida document number L18000014480.

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 contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MTN W IRA INC FBO BRUCE A. WILEY ROTH IRA	1001 S. 14th St. Leesburg, FL 34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	B ALAN WILEY WFSC CUSTODIAN ROTH IRA	10166 SE 16th St. Bellevue, WA 98004	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR / MBR	Jeffrey V. Carlino	1001 S. 14th St. Leesburg, FL 34748	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPT. OF JUSTICE
DEPT. OF LABOR
DEPT. OF EDUCATION
DEPT. OF HEALTH, EDUCATION & WELFARE
DEPT. OF HOUSING & URBAN DEVELOPMENT
DEPT. OF TRANSPORTATION
DEPT. OF DEFENSE
DEPT. OF ENERGY
DEPT. OF ENVIRONMENTAL PROTECTION
DEPT. OF SOCIAL SERVICES
DEPT. OF TERRORISM & SECURITY
DEPT. OF VETERANS AFFAIRS
DEPT. OF THE ARMY
DEPT. OF THE AIR FORCE
DEPT. OF THE NAVY
DEPT. OF THE MARINE CORPS
DEPT. OF THE COAST GUARD
DEPT. OF THE NATIONAL GUARD
DEPT. OF THE NATIONAL RESERVE
DEPT. OF THE NATIONAL DEFENSE
DEPT. OF THE NATIONAL SECURITY
DEPT. OF THE NATIONAL INTELLIGENCE
DEPT. OF THE NATIONAL ACADEMY OF SCIENCES
DEPT. OF THE NATIONAL ACADEMY OF ARTS & LETTERS
DEPT. OF THE NATIONAL ACADEMY OF MEDICAL SCIENCES
DEPT. OF THE NATIONAL ACADEMY OF SOCIAL SCIENCES
DEPT. OF THE NATIONAL ACADEMY OF HUMANITIES
DEPT. OF THE NATIONAL ACADEMY OF EDUCATION
DEPT. OF THE NATIONAL ACADEMY OF ARTS & LETTERS
DEPT. OF THE NATIONAL ACADEMY OF MEDICAL SCIENCES
DEPT. OF THE NATIONAL ACADEMY OF SOCIAL SCIENCES
DEPT. OF THE NATIONAL ACADEMY OF HUMANITIES
DEPT. OF THE NATIONAL ACADEMY OF EDUCATION

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/20/18

Signature of a member or authorized representative of a member

JEFFREY V. CARLSON
Typed or printed name of examinee

Typed or printed name of agent

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