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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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SEP 28 2018

COVER LETTER

Division of Corporations			
SUBJECT: Hollywas Play	CATOOP LLC no of Limited Liability	DBA Company	The Wetury
The enclosed Articles of Amendment and fee(s) are submitted for (iling.	
Please return all correspondence concerning th	is matter to the follo	wing:	
	ee Raski	ind	
	Nam	e of Person	
	Firm	/Company	······
5092	SW 34	1th Terra	. <u>u</u>
_ Ft_	Lunderdal City/State	e and Zip Code	33312
OFFICE E-mail	address: (to be used for	or future annual repor	nool, OC)
For further information concerning this matter.	please call:		
Lee Raskind Name of Person	at (786) 315 Area Code D	5 609 () aytime Telephone Number
Enclosed is a check for the following amount:			
\$25,00 Filing Fee \$30,00 Filing F Certificate of	Status Cer	00 Filing Fee & tified Copy is enclosed;	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hollywood Plu	iyeywf LLC iompany as it now appears on our records.)	
(A Florida Lim	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on	and assigned
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 ADDRES.	(S)	6 X _S
		# 2 5
		26 H
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
muning dudress MAT BE A 1 031 01 1 ICE BOX		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the
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

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>	Type of Action
AMBR	Morris Mergi	1161 NE 169 Terrace	✓ ∧dd
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			□ Change
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			□ Remove
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	SE SIGN
	P = 2
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	18 High
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ed September 1 2018 Lee Perhal	
J /N 1	

Page 3 of 3

Filing Fee: \$25.00