18000272985

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	mig Omeer.	i
<u> </u>		

Office Use Only



400392078614

400392078614 08/04/22--01026--001 **25,00

LLC arrend

RECEIVED

2022 AUG 4 AM 10: 59

A. RAMSEY AUG - 5 2022

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

				WALK IN		
		Ţ	PICK UP:	8/4 DANNY		
		CERTIFIED COP	Υ			
2	XX	РНОТОСОРУ				
		CUS				
,	XX	FILING	LLC	AMEND		
1.		TOP & PLAY LL				
	(C	ORPORATE NAME AND I	OOCUMENT #)			
2.	(C	ORPORATE NAME AND I	DOCUMENT #)			
3.						
	(C	ORPORATE NAME AND I	DOCUMENT #)			
4.	(C	ORPORATE NAME AND D	DOCUMENT #)			
5.	(C	ORPORATE NAME AND D	DOCUMENT #)		<u>-</u>	
6.	(C	ORPORATE NAME AND D	DOCUMENT #)	il. II.	_	
SPEC INST		TONS:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG -4 AM 10: 59

STOP & PLAY ELC			grand the engineering of
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Electrical Horida document number <u>L18000272985</u>	Liability Compan	y were filed on $\frac{11/26/20}{}$	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addronal Name of New Registered Agent:		address on our records	s, <u>enter the name of the new reg</u>
New Registered Office Address:			
		Enter Florida stre	eet address
			, Florida Zip Code
	<u></u>	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as register provisions of all statutes relative to the producept the obligations of my position as reg	per and complete	e performance of my du	uties, and I am familiar with and

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
MGR	KAREN GROSS	436 Center Island	□Add
		Miami, Florida 33160	■Remove
			□Add
			□Remove
			⊡Change
			□Add
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□ Remove
			□Change
,-			□Add
			□Remove

	\
_	
_	
fective	date, if other than the date of filing:
n effect	date, if other than the date of filing:(optional) ve 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 605.02
<u>ote:</u> II cumen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ecord's	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed	, and the same and
ned	August 4 2022
	The state of the s
	practian 2
	Signature of a member or authorized representative of a member