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SECRETARY OF SHA



## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
/// ID ID OT	Pure Play F	amily Entertainment, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Dennisse Carrion		
			Name of Person	
		Pure Play Family Entertain	nment, LLC	
		···	Firm/Company	<del></del>
		1612 Regal Mist Loop		
			Address	
		Trinity, FL 34655		
			City/State and Zip Code	
		denivel.llc@gmail.com	to be used for future annual report not	ification
For further in	nformation c	oncerning this matter, please of		
Dennisse Ca			727 560-1972	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 1	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)
Re	iling Addres	Section	Street Address: Registration Se	
	vision of C D. Box 632	forporations 7	Division of Co The Centre of	-
	llahassee, l			ne Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

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PURE PLAY FAMILY ENTERTAINMENT, LLC

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

The Articles of Organization for this Limited Liability Company were file	ed on April 11, 2019	and assigned
Florida document number L19000-100862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the	ne 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)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>enter the </u>	name of the new registered
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 acceptions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided	nance of my duties, and Le d for in Chapter 605, F.S.	am familiar with and

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
AMBR	Jose L Carrion	1612 Regal Mist Loop	≅∧dd
		Trinity, FL 34655	_
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Effective date, if other than fan effective date is listed, the dat Note: If the date inserted in the document's effective date on the	his block does not meet the	applicable statutory fil	more than 90 days after filing requirements, this da	ng.) Pursuant to 605.0201
record specifies a delayed eff d is filed.	ective date, but not an effec	ctive time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
May 8	2020			
Dated May 8		<u></u> •		
- / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/L <b>VX</b> /V			
	Signature of a member of	or authorized representati	ve of a member	

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