## L190000295850

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

	Registration Se Division of Cor		4	•			
	Lets Play T	Coo, LLC	<b>n</b> .				
SUBJEC		Name of Limited Liability Company					
eri i	1		arter description				
		Amendment and fee(s) are sub	_				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Laura Jean Turner					
			Name of Person				
			Firm/Company				
		2595 Pine Knoll Dr					
			Address				
		Kinston, NC 28504					
			City/State and Zip Code				
		ttechnologyinc@gmail.com	to be used for future annual report n				
For furth	er information o	concerning this matter, please c		oancation			
		concerning this matter, piease e					
Leura Je	an Turner		252 2867842 at ()	time Telephone Number			
	Name o	of Person	Area Code Dayı	time Telephone Number			
Enclosed	is a check for the	he following amount:					
<b>■ \$</b> 25.0	00 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)			
	Mailing Addres		Street Address:				
	Registration ! Division of C		Registration S Division of C				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lets Play Too, LLC

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(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears on our records.) flity Company)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L19000295850</u>	Liability Company we	re filed on December 3, 2019	and assigned
This amendment is submitted to amend the fol	lowing:		
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 C	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
	-		
Enter new mailing address, if applicable:	-	<del>-</del> .	<del></del>
Mailing address MAY BE A POST OFFICE	<u> </u>		
	-		
B. If amending the registered agent and/or		ress on our records, <u>enter the</u>	name of the new regist
igent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	Mary Rivera		
New Registered Office Address:	470 11th Ct.		
		Enter Florida street address	
	Vero Beach	, Floric	la 32962
		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
MGR	Linda McCauley	6200 99th Street	
		Sebastian, FL 32958	■Remove
		***	□Change
MGR	Laura Jean Turner	2595 Pine Knoll Drive	
		Kinston, NC 28504	□Remove
		<u> </u>	□Change
	***		□Add
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Filing Fee: \$25.00