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(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: PLYBCK	STUDIOS, LLC		
SUBJECT: PLYBCK		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven J. Sussman		
		Name of Person	
		Firm/Company	
	18188 Boca Way Drive		
		Address	
	Boca Raton, Florida 334	98	
		City/State and Zip Code	
	plybcksuss@gmail.com E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Steven J. Sussman		at (561) 926-3250	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration 5 Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLYBCK STUDIOS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _____1_200000185468 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) 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 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> 1210 - 1117: 33	Type of Action
AMBR	Killective Media, LLC	36427 Tansy Ct. Lake Elsinore, California 92532	■Add
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Effective date, if other	than the date of fil	ling:		(optional)	
Effective date, if other (If an effective date is listed, the Note: If the date inserted	e date must be specific in this block does no	and cannot be prior to da	te of filing or more than statutory filing requir	90 days after filing.	Pursuant to 605,0203 will not be listed as
document's effective date	on the Department of	of State's records.	emmer, mingrequi		The state of the s
he record specifies a delaye	d effective date, but	not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The	e 90th day after the
ord is filed.					
ord is filed. October 21		2020			