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(Ře	equestor's Name)	
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Registration Section Division of Corporations

SOUND PLAYROOM LLC

BJECT:	Name of Lim	ited Liability Company		
enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
ise return all correspon-	dence concerning this matter	to the following:		
	MARK WISNEVITZ			
		Name of Person		
	SOUND PLAYROOM LL	С		
		Firm/Company		
		Address		
	WINTER GARDEN FL 34	1787		
		City/State and Zip Coo	de	
	markw@soundplayroom.co		<u></u>	
	E-mail address: (to be used for future annu	aal report notificati	ion)
further information cor	ncerning this matter, please ca	all:		
ARK WISNEVITZ		713 :	256-7741	
Name of	Person	Area Code	Daytime Te	ephone Number
losed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street	Address:	

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

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUND PLAYROOM LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) iy Company)	
Articles of Organization for this Limited 1	Liability Company were	e filed on AUGUST 21, 2020	and assigned
ida document number L20000260106	 ·		
s amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name o	of the limited liability	company here:	
		_	
new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or the abb	reviation "L.L.C."
er new principal offices address, if appli	cable:		2020 NO:
incipal office address MUST BE A STREET ADDRESS)			NO.
		·	20
			P
er new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			16
If amending the registered agent and/or	Ç.,	ess on our records, enter the name	of the new regi
nt and/or the new registered office addre	ess here:		
Name of New Registered Agent:	MARK WISNEVIT	Z	
Mante of New Registered Agent.	140 DECIDED 4410	OD 4 CTD F CT	
New Registered Office Address:	149 DESIREE AUR	UKA SIKEEI	

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

WINTER GARDEN

If Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager
1BR = Authorized Member

<u>le</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be partial of the date inserted in this block does not meet the appendix's effective date on the Department of State's reco	pplicable st	of filing of tatutory fi	r more than 90 ling requirem	(optional days after filing ents, this dat	g.) Pursua	ant to 605.020 ot be listed a
d specifies a delayed effective date, but not an effectiveled.	ve time, at	t 12:01 a.n	n. on the earl	er of: (b) T	he 90th	day after th
SEPTEMBER 3RD 2020						
Mit	<u> </u>					
Signature of a member or a	authorized -	PPDFPCARIA!	tue of a mambe	·r		