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(Re	questor's Name)	_
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<u>(Δd</u>	dress)	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	PLAYHUB LLC		
<u></u>	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are st	ibmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	-3.6	Eva Liu	
		Name of Person	
		Rich and Bander LLP	
		Fum/Company	
	79	9 Madison Ave, 5th Floor,	
	· · · · · · · · · · · · · · · · · · ·	Address	
		New York, NY 10016	
		City/State and Zip Code	<del></del>
		javihidalgo@me.com	
	E-mail address:	(to be used for future annual report of	otification)
For further informa	tion concerning this matter, please	call:	
Jav	zier Hidalgo Martinez	at ( <u>786</u> ) <u>766-42</u>	200
N	ame of Person	Area Code Dayt	ime Telephone Number
linclosed is a check	for the following amount:		
□ \$25,00 Filing I	Fee ☐ \$30,00 Filing Fee & Certificate of Status	EX \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	iestion
	tion Section of Corporations	Registration S Division of C	
P.O. Box	c 6327	The Centre of	Tallahassee
Tallahas	see, FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## 

PLAYHUBITC

221 JUL 23 31 7:56

If Changing Registered Agent, Signature of New Registered Agent

( <u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	<del>,</del>					
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	Oct. 9, 2020	and assigned					
This amendment is submitted to amend the follow	ring:							
A. If amending name, <u>enter the new name of t</u>	he limited liability company bo	ere:						
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the c	designation "LLC" or the a	abbreviation "L.L.C."					
Enter new principal offices address, if applical	ole:							
Principal office address MUST BE A STREET	ADDRESS)		_					
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE Bo  3. If amending the registered agent and/or registered affice address  Name of New Registered Agent:	istered office address on our r here: Javier Hidalgo Martin	eZ	ne of the new register					
New Registered Office Address:	1040 Biscayne Blvd Apt 1906  Enter Florida street address							
	Miami		33132					
	Ciţ	, Florida	Zip Code					
Sew Registered Agent's Signature, if changing Re	gistered Agent:							
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabling filed to merely reflect a change in the resonance has been notified in writing of this cl	and complete performance of cred agent as provided for in C gistered office address, I herei	my duties, and Lam Thapter 605, F.S. Or	familiar with and ;; if this document is					

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

7421 JULI 23 AF 7: 56

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Javier Hidalgo Martinez	1040 Biscayne Blvd Apt 1906	□XAdd
		Miami, FL 33132	□Remove
			□Change
Mgr	David Hidalgo	1040 Biscayne Blvd Apt 1906	□Add
		Miami, FL 33132	[XRemove
			□Change
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