12/000/01562

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	SLIDE BOUNC	E 'N' PLAY LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	ANA ESPAT GONZALEZ				
Name of Person					
		Firm/Company			
621 MONTE VISTA WAY					
	-	Address			
WINTER GARDEN, FL 34787					
		City/State and Zip Code			
	SLIDEBOUNCENPLAY@				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	onceming this matter, please ca	all:			
ANA ESPAT GONZAL	EZ	305 781-3454 at.()			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Registration S		Street Address:	ction		
Division of C		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 21 AH 5: 45

SLIDE BOUNCE 'N' PLAY LLC

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

TAULAHASSEE, IT H

The Articles of Organization for this Limited Liability	• •	03-02-2021	and assigned
Florida document number L21000101562	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company	here:	
N/A			
The new name must be distinguishable and contain the words "I	imited Liability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET AD.	DRESS)		
	_	- "	
Enter new mailing address, if applicable:	N//A		
(Mailing address MAY BE A POST OFFICE BOX)	N/A 		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, enter th	e name of the new registered
agent and/or the new registered office address nerv	<u>·</u> ·		
Name of New Registered Agent: N/A	١		
New Registered Office Address: N/A			
	Enter F	lorida street address	
		, Flori	da
	City	<u> </u>	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 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
MGR	ENGIN BEYDAGI	5271 IMAGES CIR UNIT 107 KISSIMMEE, FL 34	746 □ Add
			
			□Change
 .			🗆 Add
			□Remove
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			□Change

	/A
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Effectiv	e date, if other than the date of filing: 07-01-2021 (optional)
(It an ettec Note: I:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
ne record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July 01
	$\sim \wedge$
	Signature of a member or authorized representative of a member

Typed or printed name of signee