21000285364

(Requestor's Name)
(Address)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

PLAYA MIAMI LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
ACD/	Art of Inc. File
	LTD Partnership File
•	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Nerger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Centificate of Status
	Certificate of Fictitious Name
	Corp Record Search
1 ,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



July 1, 2024

CAPITAL CONNECTION

SUBJECT: PLAYA MIAMI LLC Ref. Number: L21000285364

We have received your document for PLAYA MIAMI LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 724A00014321

Neysa Culligan Regulatory Specialist III

ENGH JUL -2 FH 3: LS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JUL -2 AM 9:51

PLAY	ZA MIAMI LLC	Charles at a constant
(Name of the Limit	ed Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.) TALLAHASSEE. FLORID.
The Articles of Organization for this Limited Li	ability Company were filed on 06/21/2021	and assigned
Florida document number <u>L21000285364</u>	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our recordice address here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PSS
		lorida
	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
AMBR	Bottomup Management	1025 Gateway Blvd. #303503 Boynton Beach FL 33426	
			☐ Change
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ffective date, if other	r than the date of t	filing:		(opti	onal)	
an effective date is listed. ote: If the date inserte	the date must be specifi	ic and cannot be prio	r to date of filing or m	ore than 90 days after	filing.) Pursuant to 605	5.020 ed a
ocument's effective da				g requirements, un	s date with her or his	
e record specifies a The 90th day afte			ot an effective t	ime, at 12:01 a	a.m. on the earlie	2F (
nted						
		Tom Musea	MI P			
	Signature o		orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00