L21000310004

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COVER LETTER

TO: Registration : Division of Co			Ų
POWERF SUBJECT:	PLAY2021 LLC		
300gec1.	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Christopher Allen Marsha	and	
		Name of Person	
		Firm/Company	
	820 9th St NE		÷ .a
		Address	
	Winter Haven Fl 33881		
	powerplay2021@gmail.com	City/State and Zip Code	·:
For further information of	E-mail address:	(to be used for future annual report not	
Christopher Allen Marsh		863 632-8792	<i>د</i> :
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	ction
Division of C P.O. Box 632	orporations 7	Division of Cor The Centre of T	porations
Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWERPLAY2021 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/07/2021 ____ and assigned Florida document number <u>L21000310004</u> 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 "LLC." 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

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 amenaing 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	Tiffany Marshand	820 9th St NE Winter Haven Fl 33881	
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ective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more that te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.026 irements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the stilled.	earlier of: (b) The 90th day after the
December 07 Signature of a member or authorized representative of a me	
or additional representative of a me.	mper

Filing Fee: \$25.00