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2023 OCT 30 PM I2: 09
DEPARTMENT OF STATE
DIVISION OF CORPORATION
DIVISION OF CORPORATION

A. PARISHANI NOV 0 4 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Thinkplay Productions LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mitchell Redman Name of Person Mitch Do It LLC Firm/Company 3955 Diamond Street Address Pace, FL 32571 City/State and Zip Code mitchell_redman@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mitchell Redman Daytime Telephone Number Name of Person lanclosed is a check for the following amount: ■ \$25.00 Filing Fcc ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 30 PM I2: 09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Thinkplay Productions 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 Liabil		and assigned
Florida document number 1.21000413481	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	timited liability company here:	
Mitch Do It LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable).	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis		
agent and/or the new registered office address he		The state of the s
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid:	a
_	Ciţ	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 again age, 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
	····		□Add
			□Remove
			□Add
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	N DF CORPORATION NASSEE, FLORIDA
	O RH 12: 0 ENT OF STATE CORPORATION SEE. FLORIDA
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Effective date, if other than the date of filing: (than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory fiting requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605,0207 (c. ties date will not be fisted as 9
the record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated October 25 2023	

Page 3 of 3

Filing Fee: \$25.00