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THE ELD 2022 JUN 13 AM IO: 52 SECOLOMIA SEES DATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Play Play (Company) 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:
Shalizia Huff Name of Person
Playson Plays UC
11002 OOKFIELD CVIVE
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Shell Zici Hoff at (813) 704 9679 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

<u> Mayten</u> Plau	TYCUM LC 2072 JUN 1-3 AM IO:	5 2
(Name of the Limited 12 (A F	side Limited Lieb New Appears on our records.	JZ
The Articles of Organization for this Limited Liabil Florida document number 12100492	y Company were filed on NOV 1 TALL 2028 EE. FL and as	i _L
This amendment is submitted to amend the following	<u>:</u>	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words	imited Liability Company," the designation "LLC" or the abbreviation "L	L.C.:
Enter new principal offices address, if applicable	1602 Oakfield dr	
(Principal office address MUST BE A STREET A	DRESSI Brandon +1 335/1	
Enter new mailing address, if applicable:	1002 oak field dr	
(Mailing address MAY BE A POST OFFICE BOX	13vencka +1 335/1	
	Sute 103	-
B. If amending the registered agent and/or regist agent and/or the new registered office address he	red office address on our records, enter the name of the new	w registered
Name of New Registered Agent:	Shelizia HUFF	
New Registered Office Address:	Enter Florida street address	
<u> </u>	Vondo fl Florida 3351	Sute 103
New Registered Agent's Signature, if changing Regist	red 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 heing 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>	Address	Type of Action
MGR	Destince Aprote	2501 willen war	S □Add
		2501 worklen war Drive Plant City F1 335	(be Aremove
			□Change
MGR	Shelizia HUFF	1002 oakfield drive	X\^dd
		Brandon F1 33511	□Remove
			□Change
			🗆 Add
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If the date inser-	er than the date of i, the date must be spec ted in this block does late on the Departme	s not meet th	e applicable st	of filing or mo	(o re than 90 days a requirements.	after filing.) Pu	rsuant to 605.0 I not be listed
ord specifies a dela filed.	ayed effective date, b	out not an eff	ective time, at	12:01 a.m. o	n the earlier of	fi (b) The 9	0th day after
	77	,	2022				
d June		·					
d June	Det 10 s. J. Signatur	3 Appre of a membe	r or authorized	epresentative (of a member		