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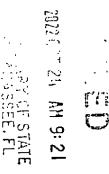
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations				
PLAYKIL				
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing		
	ondence concerning this matter	_		
	Isaac Elias Elesgaray		್ಷ	
	 .	Name of Person	. 3	
	PLAYKILL LLC		77.24	
		Firm/Company		
	8004 SW 149TH AVE #4	C209	AH 9: 2	
		Address	户E 21	
	MIAMI, FLORIDA 33193			
	INFO@PLAYKILL.CO	City/State and Zip Code		
	_	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
ISAAC ELIAS ELESG	GARAY	305 903-5086		
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYKILL LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company were filed on NOVEMBER, 24TH 2021 and assigned Florida document number L21000503211			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
		53.	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designatio		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
		AM 9: 2 OF STAT	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records,	enter the name of the new registe	
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	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 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>	Name	Address	Type of Action
AMBR	NIKOLAS ANTHONY PLANT		□Add
		9070 SW 157TH ST PALMETTO BAY, FL 33157	7 ■Remove
			[]Change
			🗆 Add
			Remove
		SSEE, S	E DAdd D Remove
			□Change
			🗆 Add
		11-72-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

ATTACHED IS WRITTEN / NOTORIZED NOTICE OF VOLUNTA	ARY / WILLING WITHDRAW.

	<u></u>
	22.00
	200 H 300 200 P 300
	9: 2 STA E. F
	m
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
If the date inserted in this block does not meet the applicable statutory	
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	a m on the parties of the The Ook day - 6
filed.	a.m. on the earner of: (b) The 90th day after t
October 20th 2022	
f -	

1744 17 0350

Typed or printed name of signee

Voluntary Letter of Resignation

1 Nikolas Plant	, hereby resign as an Authorized Member/ Member
	departure I will no longer own 1/3 of PLAYKILL LLC or
	d future works or projects. I understand that I am
leaving under my own accord and I want the	ne State to understand as well that I no longer wish to
·	oration in any respect. I leave my now former
	c Elias Elesgaray with full control of PLAYKILL LLC,
•	igning this letter down below I understand I am
relinquishing <u>ALL</u> ownership, control, and	any equity I am owed to my now former partners.
T	
Thank you.	
Nikolas Plant	
Frinted name of removed member	
Mes	Date Signed: 10/20/22
Skyned name of removed member	
Alex Iglesias	
Princed name of Authorized Interper	
199	Date Signed: 10/20/22
Signed name of Authorized member	•
Isaac Elias Elisques	
Princed name of Authorized member	
thank	Date Signed: 10/20/22
	Date Signed. 10/00/00