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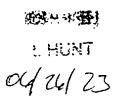
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	-	
eno re		I playground He			
SUBJE		Name of Lin	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Shahid Malik			
			Name of Person		
		dimensional playground II	e		
			Firm/Company	<del></del> .	
		2030 S. Ocean Dr # 215		· ·	
		, , , , , , , , , , , , , , , , , , ,	Address	<del></del>	19 69 60 1
		Hallandale Beach, Fl 3300	9	ASSER	
		a1b1c777@gmail.com	City/State and Zip Code	STATE	PH 4:51
			to be used for future annual report noti	fication)	
For fur	her information co	oncerning this matter, please c	all:		
Shahid			407 864 2400 at ()		
	Name of	f Person	Area Code Daytim	ne Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$2±	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing   Certificate of Certified Copy (additional copy	Status & y
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

dimensional playground lle			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our bility Company)	r records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on 01/21/202	2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
Reefs Pro Club LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "L.L.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			(A)
(Principal office address MUST BE A STREET ADDRESS)		$\searrow$	دنده
Enter new mailing address, if applicable:			28 PH +:
B. If amending the registered agent and/or registered office ad-	dress on our records	, enter th	e name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my du ovided for in Chapte	ties, and $r$ 605, $F$ .	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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ffective date,	if other than the distinct the date must	late of filing:	prior to date of filing or in	ore than 90 days a	otional) for filing ) Purs	uant to 605 020
ote: If the dat	e inserted in this bloc	ck does not meet the appartment of State's rec	pplicable statutory filin	g requirements,	this date will	not be listed a
record specifie is tiled.	s a delayed effective	date, but not an effecti	ive time, at 12:01 a.m.	on the earlier of:	(b) The 90t	h day after the
June 20th	n 2023					
ated	<u> </u>			i		
	$\mathcal{O}$ $\mathcal{N}$		11 1			

Typed or printed name of signee