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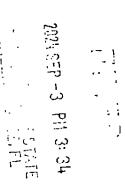




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9/9/24



COVER LETTER

	tration Se on of Cor	ction porations					
	IGHT TO	PLAY LLC					
SUBJECT:Name of Limited Liability Company							
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.				
Please return al	l correspo	ndence concerning this matter	to the following:				
		MUHAMMAD RASHID					
			Name of Person				
CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES INC.							
Firm Company							
1322 N PINE HILLS RD.							
	Address						
ORLANDO FL. 32808							
		INFO@PROTAXHELP.CO	City/State and Zip Code				
			to be used for future annual report notification)				
For further info	rmation co	oncerning this matter, please c	all:				
МИНАММАГ	RASHIF)	407 298-3900 at ()				
Name of Person		Person	Area Code Daytime Telephone Number				
Enclosed is a ch	neck for th	e following amount:					
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Regis Divis P.O. I	Box 632	Section orporations	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

(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	ır record <u>s.</u>)
The Articles of Organization for this Limited Liabi	ility Company were filed on $\frac{08/01}{202}$.	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		s, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
-		Florida
	Ciņ	Zip Code_5

New Registered Agent's Signature, if changing Registered Agent:

DICHETTO DE AVELC

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

Title	<u>Name</u>	Address	Type of Action
MGR	SAMAVIA EJAZ	1322 N PINE HILLS ROAD ORLANDO, FL 32808	
			≡ Remove
			= Change
MGR	SAMAVIA ANEES TANOLI	1322 N PINE HILLS ROAD ORLANDO, FL 32808	= Add
			□Remove
			= Change
			□ Add
			□Remove
			= Change
			□ Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		· · · · · · · · · · · · · · · · · · ·	二回Chapge 二回Chapge 二回 (A)
			#Bydd? F
			□Remove
			=.01

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Typed or printed name of signee

SAMAVIA EJAZ