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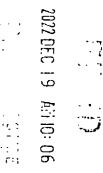
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Stay :	and Play LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Gene Myers	
		Name of Person	
		Firm/Company	
		6541 54th Avenue North	
		Address	
		St. Petersburg, FL 33709	
	****	City/State and Zip Code	
		genemyers@hotmail.com	·
For further information c	n-mail address: (oncerning this matter, please e	to be used for future annual report no all:	tification)
Gene M	vers	727 254-697	
Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (1) **OF**



2022 DEC 19 A1110: 06

	.C	• •	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appear	s on our records.)	
The Articles of Organization for this Limited Liability Company v		November 2, 2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	65-	41 54th Avenue North	
(Principal office address MUST BE A STREET ADDRESS)	St.	Petersburg, FL 33709	
	65	41 54th Avenue North	
Enter new mailing address, if applicable:	St. Petersburg, FL 33709		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our ro	ecords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:			
	Enter Flor	ida street address	
		Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Florida	Zip Code

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>	Name	Address	Type of Action
MGR	Gene Myers	6541 54th Avenue North	≣ Add
		St. Petersburg, FL 33709	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	El Remove
			□Change
			□Add
			□Remove
			Chance

Th	e Registered Agent's address was	s inadvertantly entered incorrectly. The correct registered agent's address
sho	ould read:	
65-	41 54th Avenue North	
St.	Petersburg, FL 33709	
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_		
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effect <u>te:</u> If	e date, if other than the date of the date is listed, the date must be spetthe date inserted in this block do t's effective date on the Departm	edificiand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 see not meet the applicable statutory filing requirements, this date will not be listed as the
cord s s filed	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
ed	December 15	2022
	Signatu	ure of a plember or authorized representative of a member
	g	
		Scott M. Alexander, Esq.

Filing Fee: \$25.00