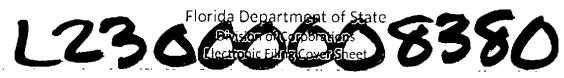
Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WONDER PLAY MIAMI, LLC

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FILED 2023 AUG 18 AM 7: 32

K. Brumbley

From: Registered Agents Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ER PLAY MIAMI, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears or amited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{1/4}{2}$	/2023	and as	signed
Florida document number <u>L2300008380</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	aation "LLC" or the	e abbreviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>		·····	
				····
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·····			
	W4 M14 / WW 4/10			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the n</u>	ame of the ne	w registere
agent and/of the new registered office address here.			26	
Name of New Registered Agent:	Registered Ag	ents Inc	2023 AU	<u>`</u>
New Registered Office Address:	7901 4th St I	N STE 300	6	三三五章
	Enter Florida (E608
	St. Petersburg	, Florida	33702	
	Ciţy		i Zp Com i L. ω	
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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

8/18/2023 08 01:52 PDT

To: 18506176383

Page: 3/4

From Registered Agents Inc.

Fax: 813436¹

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
AR	RAMOS, DIANA	7701 SW 146 RD	□Add
		MIAMI, FL 33183	⊠Remove
			Change
AR GANCEDO, EMILY	GANCEDO, EMILY	7901 4TH ST N STE 300	□ Add
	ST. PETERSBURG, FL 33702	□ Remove	
			🗆 Add
			ERemove
		□Change	
		□Add	
		□Remove	
		[] Change	
		□Add	
	upapa and a second a second and	□Remove	
		UChange	
		□Add	
			□Remove
			□Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	The state of the s
(If an effec Note: If	e date, if other than the date of filing:
he record : ord is 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 l.
Dated _	Feb 7 <u>2023</u>
	Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee