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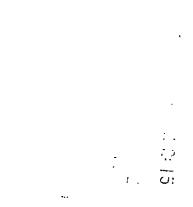
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## COVER LETTER

TO:

Tallahassee, FL 32314

TO: Reg Div	gistration S ision of Co	ection rporations				
SUBJECT:	Sandy Sho	res Soft Play LLC				
		Name of Li	mited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are su	abmitted for filing			
		ondence concerning this matte				
		Melody Lankford, Esq.				
			Name of Person		-	
		Lankford Law Firm, P.A.				
			Firm/Company		-	
		210 South Beach Street, S	Suite 202			
		Address				
		Daytona Beach, FL 32114	r			
		mlankford@lankfordlawfir	City/State and Zip Code			_ ,
		E-mail address: (	to be used for future annual report noti	fication)		٠.
For further inf	ormation co	ncerning this matter, please c	all:		; ;	:: :: ::
Melody Lankf	ord, Esq.		850 264-7004		1	U:
	Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a c	heck for the	c following amount:				
<b>≘</b> \$25.00 Fil		S30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Fil	ing Eas	
Chick !	595	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified (additional c	e of Statu Copy	
Regis	ng Address: stration Section of Co		Street Address: Registration Sec Division of Corp			
	Box 6327		The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandy Shores Soft Play LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 12, 2024 \_\_ and assigned Florida document number L24000077063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sandy Shores Party Rentals LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) : , رن B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
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			□Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fi  ote: If the date inserted in this block does not meet the applicable statut becament's effective date on the Department of State's records.	(optional)
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	01 a.m. on the earlier of: (b) The 90th day after the
ared August 1 2024.	
^	
ESHERGITAD Signature of a member or authorized repres	sentative of a member

Filing Fee: \$25.00