L24000092536

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COVER LETTER

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TO: Registration Section

Division of Cor	porations				
PLAYE	R U SOFTWARE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KURT ZIMMERMAN				
		Name of Person			
ZIMMERMAN & ASSOCIATES					
Firm/Company					
699 N. FEDERAL HIGHWAY, SUITE 300					
		Address			
	FORT LAUDERDALE, F	1. 33304			
		City/State and Zip Code			
	KURT@ZIMMERMANLA E-mail address: (AW,COM to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
KURT ZIMMERMAN		954 202-7761			
Name o	f Person	at () Daytin	ne Telephone Number		
Enclosed is a check for the	ha fallawing amount				
	_	Chess on Pilian Page.	□ \$(0.00 Pilima Cao		
■ \$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 Address		Street Address:	notion.		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee,			pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYER U SOFTWARE, 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 _____2/22/2024 and assigned L24000092586 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 699 N. FEDERAL HIGHWAY Enter new principal offices address, if applicable: SUITE 300 (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FL 33304 699 N. FEDERAL HIGHWAY Enter new mailing address, if applicable: SUITE 300 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FL 33304 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: KURT ZIMMERMAN Name of New Registered Agent: 699 N. FEDERAL HIGHWAY, SUITE 300 New Registered Office Address: Enter Florida street address ______, Florida 33304 Zip Code FORT LAUDERDALE

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW E. MORRALL	2850 N. ANDREWS AVENUE	□Add
		WILTON MANORS, FL 33311	= Remove
			□Change
MGR	KURT ZIMMERMAN	699 N. FEDERAL HIGHWAY	
		SUITE 300	□Remove
		FORT LAUDERDALE, FL 33304	□Change
			□Add
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Effective date, if other the fran effective date is listed, the earlier. If the date inserted in document's effective date o	date must be specific a this block does not	and cannot be prior to d t meet the applicable	ate of filing or more if statutory filing req	(option nan 90 days after til uirements, this d	ing.) Pursuant to 605.020
ne record specifies a delayed ord is filed.					The 90th day after the
Dated JULY 12		_ ,			
/	16 2V	lr			
/		 ,			
	Signature of	a member or authorize	ad representative of a	member	

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Filing Fee: \$25.00