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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
GolfSuites	Franchsising, LLC					
SUBJECT:						
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	amitted for tiling				
		ū				
Please return all correspo	ndence concerning this matter	to the following:				
	Scott Smylie					
		Name of Person				
		Firm/Company				
	401 E Jackson St., Ste 330		•			
		Address				
	Tampa, FL 33602		:			
	scott.smylie@golfsuites.c	City/State and Zip Code				
	E-mail address: (to be used for future annual report not	tification)			
For further information co	oncerning this matter, please c	all;				
Scott Smylie		813 461-4564				
Name of	Person	at () Area Code Daytin	ne Telephone Number			
Contained to a december of	CH					
Enclosed is a check for the	_	his matter, please call: 813 461-4564 at () Area Code Daytime Telephone Number g amount:				
■ \$25.00 Filing Fee SLF check loso	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address	-	Street Address:				
Registration Se		Registration Se				
Division of Co P.O. Box 6327		Division of Co				
Tallahassee, F		The Centre of 1	e Street, Suite 810			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GolfSuites Franchising, 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 April 22, 2024 _____ and assigned Florida document number L24000186868 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AllPlayVentures, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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 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>	<u>Address</u>	Type of Action
MGR	GolfSuites 1, Inc.	650 E. Bloomingdale Ave., Brandon, FL 33511	≣ ∧dd
			□Remove
			□Change
AR	Gerald D. Ellenburg	650 E. Bloomingdale Ave., Brandon, FI, 33511	🗆 Add
			□Remove
			
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be pri	(optional) or to date of filing or more than 90 days after filing.) Pur	suant to 605.020
ote: If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	cable statutory filing requirements, this date will	not be listed a
ecord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
is filed.		
May 21, 2024 (1)		
,,	- <u></u> ·	
Ollug	torized representative of a member	