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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pay 2 Play Nan	COHNO LLC ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
<u> Kayı</u>	el Podrigue?  Name of Person
Pa	SZPlay Clothing Firm/Company
8	370 SW 184 ST
-m	City/State and Zip Code
E-mail	address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Kaylee Rodry	at (786) 645 4463 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee    □ \$30.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	20
OF	Will All Co
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records:) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 7/11/124 and assigned
Florida document number <u>L2400369760</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
KMR ICE LL	<u>C</u>
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14021 SW 143 cort
(Principal office address MUST BE A STREET ADDRESS)	Unit 6 Miami, F1 33186
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	27 - 17 - 11
	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.

City

.Florida \_

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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an effe lote:   I	ve date, if other than the date of filing:
record is file	I 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.
ated <u> </u>	August 22 2024
	Signature of a member or authorized representative of a member