N19000010456

| (Red | questor's Name) | |
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| (Add | dress) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu: | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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2020 NOV -9 AH 11: 27 SECRETARY OF STATE

WITHE



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Play Sports for FUN JUC. |
|---|
| DOCUMENT NUMBER: N1900010456 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Hector Blanco (Name of Contact Person) |
| (Name of Contact Person) |
| Play Sports For For For. |
| J (Firm/ Company) |
| 440 Ext 39 St Head Fl. 33013 |
| (Address) |
| Hadeph Florida 33013 (City/State and Zip Code) |
| (City/ State and Zip Code) |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at 786 262 6461 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

FILED

| \sim . | , 01 | | الماسي مساورة |
|--|--|--------------------|----------------------------------|
| Play CDON- | to for fire | INC. | 2020 NOV -9 AMII: 27 |
| Name of Corporation as currently filed with the | | | |
| NIGOR | 0010 456 | | SECRETARY OF STATE |
| | ent Number of Corporat | ion (if known) | TALLANDER EST |
| | • | | o |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | ida Statutes, this <i>Florida</i> | 1 Not For Profit (| Lorporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | | |
| | <u>Corporation.</u> | | The new |
| name must be distinguishable and contain the word | "corporation" or "inco | rporated" or the | abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name | | | |
| B. Enter new principal office address, if applical | ole: \\\/\/\1 | | |
| (Principal office address MUST BE A STREET AI | DDRESS) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: | 4// | | |
| (Mailing address MAY BE A POST OFFICE L | \underline{sox} , $\underline{\hspace{1cm}}$ | | <u></u> - |
| | | | |
| | | _ . | · |
| | | | |
| D. If amending the registered agent and/or regis | tered office address in | Florida, enter th | ne name of the |
| new registered agent and/or the new registere | | | |
| Name of New Registered Agent: | N/7 | | |
| | | | |
| | | (Florida stree | ri address) |
| New Registered Office Address: | 1/ | | |
| | N/1 | | . Florida |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing R | legistered Agent | | |
| I hereby accept the appointment as registered agent | t. I am familiar with an | d accept the oblig | gations of the position. |
| | 11/1 | | |
| _ | NIA | | |
| | Signature of Ne | w Registered Age | ent, if changing |

| and address of each Off (Attach additional sheets, Please note the officer/dit P = President; V = Vice I | icer and/or Direct if necessary) rector title by the f President; T= Trea = Chief Financial (| first letter of the office title: surer; S= Secretary; D= Director; TR= Tru Officer, If an officer/director holds more tha | stee; C = Chairman or Clerk; CEO = Chief |
|---|---|--|---|
| Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | ves the corporatio | n, Sally Smith is named the V and S . These sl | PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally S | ones | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | MGR | Hector Blanco | 440 805 35 5+ HIMAN. FG 33013 |
| Remove 2) Change Add | <u>C</u> | Hector Blanco | 440 Exst 3954 Hinleuh F1 33013 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5)ChangeAdd | | | |
| Remove | | | |

Change
Add
Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

| / / |
|--|
| The date of each amendment(s) adoption: 1/14/2010 if other than the |
| The date of each amendment(s) adoption: |
| $1/\sqrt{3}$ |
| Effective date if applicable: (no more than 90 days after amendment file date) |
| |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |

|] | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|---|--|
| | Dated |
| | Signature (By the chairman or vice chairman of the board, president or other officer-if directors |
| | have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | Hecho Blanco |
| | (Typed or printed name of person signing) |
| | (180) |
| | (Title of person signing) |