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COVER LETTER

NAME OF CORPORATION: JOEL ENTERPRESES,

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBE	er: 773000	103/172	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	JOSEPH	LEIBLE	
_		Name of Contact Person	
	JOEL EN	TERPRIS.	ES, INC.
_		Firm/Company	
_	4300 NW	60 STRE	ET
		Address	
_	NORTH L	AUDERDA	LE, FL 33319
		City/ State and Zip Cod	e
É	rogeniot C	2 COMCA	ST. NET
		sed for future annual report	
	•		
For further information	concerning this matter, plea	se call:	
Eugens	R. TORR	ES at 954	,213-5658
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	2343.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of
JOEL ENTERPRISES, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P1300051142
. (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: PLAY-IT INDUSTRIES, INC. The new
name must be dedinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

D.	If amending the registered agent and/or registered office address in Florida, enter the name of the
	new registered agent and/or the new registered office address:

Name of New Registered Agent	N/A	
_	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change	<u></u>	NA	
Add			
Remove		., 11	***************************************
3)Change		<i>N/A</i>	***
Add			***************************************
Remove		,	
4)Change		N/A	
Add		, , , , , , , , , , , , , , , , , , ,	
Remove	•		
5) Change			
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
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	NIA
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	<u> </u>
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T. 1811.	
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n amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
n amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) ac	doption: JUNE 21, 2013
Effective date if applicable:	NA
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	5/21/2013
Signature (Br.A.d.	irector, president or other officer - if directors or officers have not been
sejected	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
•	JOSEPH LETBLE
	(Typed or printed name of person signing)
	TRESIDENT
	(Title of person signing)