

L15000055270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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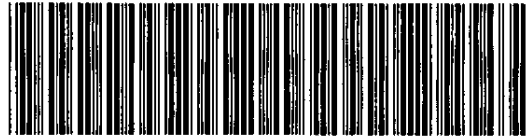
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

for Drivers APR 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1 SPS GAME CONSOLE DISTRIBUTOR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMED A ABOUZEID

Name of Person

1 SPS GAME CONSOLE DISTRIBUTOR LLC

Firm/Company

7024 BAYWOOD DR.

Address

TAMPA, FL 33637

City/State and Zip Code

GCSTRADES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMED ABOUZEID

at (**646**) **361-4531**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 6TH, 2015



Signature of a member or authorized representative of a member
MOHAMED A ABOUZEID

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA