L17000122017

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COVER LETTER

Division of	Corporations			
Mouse	e Trap Escape Room of Wesley C	hapel LLC		
SOBJECT.	Name of Limit	ed Liability Company		
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.		
Please return all cort	respondence concerning this matter to	o the following:		
	Jessica Maynard			
		Name of Person		
	Mouse Trap Escape of W	esley Chapel		
		Firm/Company		
	17546 Glenapp Dr			
		Address		
	Land O Lakes, FL 34638		2819 ·	77
	jcoker1978@gmail.com	City/State and Zip Code	TALLAHASSI	77
	E-mail address: (to	be used for future annual report notifi	cation)	
For further informat	ion concerning this matter, please cal	11:	بن این	
Jossica 1	Maynard	at (<u>\$13</u>) <u>496-</u> Area Code Daytime	4697 Telephone Number	
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nclosed is a check	for the following amount:			
S25.00 Filing Fo	ce S30.00 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

TO:

Registration Section

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mouse Trap Escape Room of Wesley Chapel, 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 6/5/2017 and assigned Florida document number L17000122017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-MAZE-ING ESCAPE ADVENTURES, 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and sept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
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			□ Remove
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	must be specific an s block does not i	d cannot be prior t meet the applica	o date of filing or m ble statutory filing	ore than 90 days aft g requirements, th	er filing) Fais date w	ursuant to	605.026 listed a
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Filing Fee: \$25.00