## 122000317757

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ( No. 1005)                             |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boodinent Names),                      |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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2022 DEC -9 PM 12: 40

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2022 DEC -9 PM 12: 40

## COVER LETTER'

| Division of Corp            | TOTALIONS                                      |   |  |
|-----------------------------|--|---|--|
| SUBJECT: Burning Roo        | ck Games LLC                                   |   |  |
| SUBJECT:                    |  | nited Liability Company   | <del>-</del>   |
|                             |  |   |  |
| The enclosed Articles of A  | Amendment and fee(s) are sub                   | mitted for filing.  |  |
| Please return all correspor | idence concerning this matter                  | to the following:   |  |
|                             | Wilson Enrique Alvarez T                       | orres .   |  |
|                             |  | Name of Person  |  |
|                             | Burning Rock Games LLC                         | 2   |  |
|                             |  | Firm/Company  |  |
|                             | 2000 Gandy Blvd N Apt I                        | 5   |  |
|                             |  | Address   | <del></del>  |
|                             | Saint Petersburg, FL 3370                      | 2   |  |
|                             |  | City/State and Zip Code   |  |
|                             | wilson.e.alvarez@rubonnek<br>E-mail address: ( | c.com<br>to be used for future annual report noti                   | fication)  |
| For further information co  | ncerning this matter, please co                | •   | ,  |
| Wilson Enrique Alvarez T    |  | at (727 ) 484-0511  |  |
| Name of                     | Person   | Area Code Daytim  | e 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Li   | ability Company as it now appears on our records.) orida Limited Liability Company) |                           |
|---|---|---------------------------|
| (A Flo  | orida Limited Liability Company)  |                           |
| The Articles of Organization for this Limited Liability   | ty Company were filed on July 1 \$\frac{9}{2} 2022                                  | and assigned              |
| Florida document number L22000317757  | <del></del> ·   |                           |
| This amendment is submitted to amend the following  | g:  |                           |
| A. If amending name, enter the new name of the  | limited liability company here:   |                           |
| Rubonnek LLC  |   |                           |
| The new name must be distinguishable and contain the words  | 'Limited Liability Company," the designation "LLC" or th                            | e abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | <u> </u>  |                           |
| (Principal office address MUST BE A STREET AL   | ODRESS)   | 9022DE                    |
|   |   | <del></del>               |
|   |   | -9                        |
| Enter new mailing address, if applicable:   |   | P T                       |
| (Mailing address MAY BE A POST OFFICE BOX   |   |                           |
|   |   | <b>5</b>                  |
| D. If amounting the assistant depart and/an assistant   | and office address as any userneds actuable actuable                                |                           |
| B. If amending the registered agent and/or regist<br>agent and/or the new registered office address her |   | ame of the new registered |
|   |   |                           |
| Name of New Registered Agent:   |   |                           |
| New Registered Office Address:  |   |                           |
|   | Enter Florida street address  |                           |
| <u> </u>  | , Florida   |                           |
|   | City  | Zip Code                  |

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.

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 Address Type of Action Title Name □Add □ Remove Change □Remove □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □ Add \_\_\_\_\_\_ Петоче \_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ Change \_\_\_\_\_ □Add Remove \_\_\_\_\_ Change \_\_\_\_\_ \_\_ \_\_\_ \_\_\_ Add

□ Change

## Page 2 of 3

| ective date, if other than the date of filing:   | -               |                                 |                                    |                        | <del></del>           |                                       | <u> </u>   |                         |
|--|-----------------|---------------------------------|------------------------------------|------------------------|-----------------------|---------------------------------------|--|-------------------------|
| ective date, if other than the date of filing:    (optional)   |                 |                                 |                                    |                        |                       | _                                     | <del>-</del>                                     |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        | _                     |                                       |  |                         |
| rective date, if other than the date of filing:  |                 |                                 | ,                                  |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 | <del>-</del>                       | <del></del>            |                       | <del></del> _                         | <del>_</del>                                     | <del></del>             |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 | <del> </del>                       | <del></del>            |                       | <del></del>                           |  | <del></del>             |
| cetive date, if other than the date of filing:   |                 | ·-                              |                                    |                        |                       |                                       | <del></del>                                      |                         |
| cetive date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    | _                      |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       | · .                                   | <del> </del>                                     |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| ective date, if other than the date of filing:   | <del></del>     |                                 | <u> </u>                           | -                      | ·                     | <del>-</del>                          |  |                         |
| ective date, if other than the date of filing:   |                 |                                 | <del></del>                        | <u> </u>               |                       |                                       |  |                         |
| e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed. |                 |                                 | <del></del>                        |                        |                       |                                       |  | <del></del>             |
| e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed. |                 |                                 |                                    |                        |                       |                                       |  |                         |
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| e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier he 90th day after the record is filed. | ective o        | late, if other th               | ıan the date of f                  | filing:                |                       | (o                                    | ntional)   |                         |
| ne 90th day after the record is filed.   | <u>e:</u> If th | e date inserted in              | n this block does r                | not meet the appl      | licable statutory fil | more than 90 days a ing requirements, | fler filing.) Pursuant t<br>this date will not b | o 605.020<br>e listed a |
| ne 90th day after the record is filed.   |                 |                                 |                                    |                        |                       |                                       |  |                         |
| Wilson Enrique Allery Jones Signature of a member or authorized representative of a member   | ecord<br>he 90  | specifies a d<br>th day after t | elayed effective he record is file | ve date, but r<br>led. | not an effective      | time, at 12:0                         | 1 a.m. on the e                                  | arlier o                |
| Wilson Enrique Allows Jones Signature of a member or authorized representative of a member   | ed              |                                 |                                    |                        | ·                     |                                       |  |                         |
| Signature of a member or authorized representative of a member   |                 | مسرانال                         | e : 11                             | 1                      |                       |                                       |  |                         |
|  |                 | William !                       | Signature                          | of a member or au      | thorized representati | ve of a member                        |  | <u></u>                 |
|  |                 |                                 |                                    |                        |                       |                                       |  |                         |