

From: PYLE & DELLINGER

9/30/2010

9/30/2010 10:11:13

#768 P.001/003

L040000089251

Division of Corporations

Florida Department of State

Division of Corporations

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Account Number : 1200000000053
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIDEO GAME TRADER, LLC

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S. HAWKES

OCT 01 2010

EXAMINER

S. HAWKES

EXAMINER 1/2

(((H10000215644 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIDEO GAME TRADER, 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 12/9/04

Florida document number L04000089251

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MYRON SHAFER, SR.

New Registered Office Address:

4649 CLYDE MORRIS BLVD., UNIT 606

Enter Florida street address

PORT ORANGE

Florida

32129

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 608, 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.

Myron Shafer Sr.
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

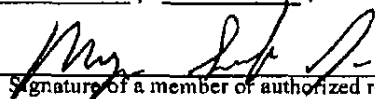
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MYRON SHAFER, JR.	4649 CLYDE MORRIS BLVD. #606 PORT ORANGE, FL 32129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MYRON SHAFER, SR.	4649 CLYDE MORRIS BLVD. #606 PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

Dated _____



Signature of a member or authorized representative of a member

MYRON SHAFER, JR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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