L0500096983

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

CYNTHIA LAUGHLIN-BRO 2926 LITHIA PINECREST RD VALRICO, FL 33596

SUBJECT: GLOBAL GAMES LLC Ref. Number: L05000096983

We have received your document for GLOBAL GAMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORARION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00005659

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJI	ECT.	1010hA	CAMES LLC	
30001			ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		CYNTI	hua Laugh/In -B Name of Person	rv
		6/1	obal bames LLE. Firm/Company	
		2426	Lithia PINECIES	t Rud
		VAI	rico FL 3359 City/State and Zip Code Vaugh I in - 45500 o be used for future annual report notification	14
		10	City/State and Zip Code	1 21
		Cyndia C	Jaughlin - associ	ares lom
				ation)
For fur	ther information co	ncerning this matter, please ca	dl:	
	Cynthia	Vaughlin-Bi	795- Area Code Daytime T	3466
	Name of	Person /	Area Code Daytime 1	elephone Number
Enclos	ed is a check for the	following amount:		
\$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

610hal 6	PAMES LLC
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company ville of the Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the Organiz	were filed on 9/29/05 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	# PH 3: H4
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
HEME	Keith Bro	10216 Herrimac HANDEDT	Add
AMBR—		RIVERVIEW FL 33569	Remove
ΛΛΛΩΩ			Change
AMBR	Eugene CAIUZZO	12039 Stanwyck Circle	/ <u> </u>
	,	TAMPA FL 33626	Remove
AN G Q_			Change
MG12- M64R	Cynthia Vaughlin-Bro	2842 Hossy Timber Tri	Add
	,	VA/rico FL 33596	Remove
-			Change
			UAdd
			□ Remove
			ိ ယ္ □ Change
			□ Remove
			Change
			🖸 Add
			□ Remove
			Change

E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00