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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
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# **COVER LETTER**

ro: Registration S Division of Co		,		
SUBJECT:	Southern o	James		
, object.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
lease return all correspond	ondence concerning this matter	to the following:		
	Hedy	Name of Person  Thern Game Firm/Company		
		Name of Person		
	Son	thern Gam.	es	
		Firm/Company		
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		Address		<u>.</u>
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	1/-/-	City/State and Zip Code	E. D	<b>つ</b>
	E-mail address: (	to be used for future annual report notific	cation)	
for further information	concerning this matter, please c	all:		
	_	at ( <u>561)</u> 699 Area Code Daytime		
Name	of Person	Area Code Daytime	Telephone Number	
Inclosed is a check for t	the following amount:			
<b>₹</b> \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southe	ern Games	suc	
(Name of the Limited	I Liability Company as it n A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Lia Florida document number		ed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability con	apany here:	
The new name must be distinguishable and contain the work.  Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	any," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		哥一
B. If amending the registered agent and/o registered agent and/or the new registered offi  Name of New Registered Agent:  New Registered Office Address:	ice address here:	dress on our records, ent  McDonald  O 5 OCeo  Enter Florida street address	13 Oallo
	Palm	Blach. Florida	33480 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.

H 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>	Name	<u>Address</u>	Type of Action
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n effective o o <u>te:</u> If the	ate, if other than date is listed, the date date inserted in thi effective date on th	must be specific is block does no	and cannot be of meet the a	ipplicable stati		nan 90 days after		
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	- $  -$	Well						
	<b></b>	Signature of	t a member o	r authorized rep	resentative of a	member		

Page 3 of 3

Filing Fee: \$25.00