## 108000014850

(Requ	estor's Name)	
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(City/s	State/Zip/Phone	#)
(Only)	Auto/Zipii iioiio	<i>",</i>
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B JUN 13 AM II:

## **COVER LETTER**

Division of Co				
SUBJECT: Ludus	Holdinas, LLC		8	
,		nited Liability Company)	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Seth Elliott			
		(Name of Person)		
	APHLEON, LLC			
		(Firm/Company)		
	1835 Hallandale Beach I	Blvd, #469		
		(Address)		
	Hallandale Beach, FL 3	3009		
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	eall:		
Seth Elliott		at ( 917 ) 972-4793		
. (Name	of Person)	(Area Code & Daytime	Telephone Number)	
			LATE THE STATE OF	
Enclosed is a check for t	he following amount:		SECRETARY FALLAHASSE	<u></u>
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☑\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Control	FILED

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional come in enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ludus Holdings, LLC					
(Name of the Limited Liabil - (A Florid	ity Company as it now appears on our record a Limited Liability Company)	is.)			
The Articles of Organization for this Limited Liability Florida document number L08000014850	Company were filed on February 11, 2008	and assigned			
Florida document number Costo 14000	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
APHLEON, LLC					
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DRESS)	· · · · · · · · · · · · · · · · · · ·			
		<del></del> _			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		78. 178. 178.			
		ORE ON			
D. 16 amounting the market of the state of					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>e</u> <u>Idress here</u> :	nter the name of the new			
		STA STA			
Name of New Registered Agent:		<u>₽</u> - 0			
New Registered Office Address:					
	(Enter Florida stre	eet address)			
	, Floric	da			
	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		Add Remove
			Add Remove
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). If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
<u></u>			08 JUN SECRET
*****			13 AM II: 10 AST/ OF STATE SSEE FLORIDA
Dated	ONE 9 , 20	o7 .	10 ATT.
		or authorized representative of a member	
	SGTH EllioTT Typed	or printed name of signee	<del></del>

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Page 2 of 2
Filing Fee: \$25.00