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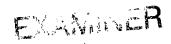
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SECRETARY OF STATE

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T. CLINE

OCT - 4 2012



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Anthem Gz	.mes, LLC	
<u></u>	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennid	Mendet Name of Person	
	Antl	rem Games Firm/Company	
		3 Ehrlich ROAD Address	
		P2, FL 33625 City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please of	to be used for future annual report notifica	tion)
Jennifer	Mendez	at (813) 265- Area Code & Daytime T	ዓ 33 ዓ
Name o	of Person	Area Code & Daytime T	Telephone Number
Enclosed is a check for t	he following amount:	/	700 C 7 8000
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente	R ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ANTHEM	GAMES, LLC			
(Name of the Limited Lia (A Flo	GAMES, LLC bility Company as it now apper rida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	03/25/200	and assigne	ed .
Florida document number <u>L0800003</u>	022.6			
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the</u>	limited liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "l	LC" or the abbre	 eviation
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·		
			70 8	
Enter new mailing address, if applicable:				k
(Mailing address MAY BE A POST OFFICE BO)	K)		PCT -3	Ţr.
			一方 での -*	
D If amonding the peristant agent and/or				ζ
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter	ine watthe of the	<u>e new</u>
Name of New Registered Agent:	Jennider 1	dendez		
New Registered Office Address:	Jennifer M 5383 Ehrl	ich RoAD S nter Florida street add	UITE 203	3
_	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	James W Caudill	16476 Northdale Oaks Blud Tampa, FL 33624	Add Remove
MGRM	Stephen Tkalec	14606 Knollridge Drive Tampz, Fl 33625	Add Remove
MGRM	Jennider Mendez	14406 Knollridge Drive Tampa, FL 33625	_⊠_Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	Po P
			20CT
			S S S S S S S S S S S S S S S S S S S
Dated	ept 26 , 201	2.	
_	Signature of a member of	rauthorized representative of a member	
	Tennifer	Mendez	
	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00