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(requestor a reality)				
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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
SUBJE	rc u .	SUCCESSFUL FA	AMILY INVESTING, LL	.C		
3011	<u></u>		ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Cheryl J Cornelius				
			Name of Person			
JB Management, Inc.						
Firm/Compar			Firm/Company			
300 S Duncan Ave, Suite 275						
Address						
	Oleganizates El 22755					
			Clearwater, FL 33755 City/State and Zip Code			
		ts	s.jbmgmt@gmail.com			
		E-mail address: (to be used for future annual report not	fication)		
For fu	rther information o	concerning this matter, please o	call:			
	Thor	mas F Sullivan	at (727)	461-7700		
	Name o	of Person	Area Code & Daytir	ne Telephone Number		
Enclos	sed is a check for t	he following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 (2014) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	Orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUCCESSFUL FAMILY INVESTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limite	a Liabiny Company)	1	
The Articles of Organization for this Limited Liability Compa	iny were filed on	July 9, 2009	and assigned
Florida document numberL09000066451			
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited li	iability company he	ere:	•
	mily Games, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amounting the projectional agent and (or projectional	office address on	our records onton	the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	me name of the nev
Name of New Registered Agent:			=
New Registered Office Address:			FR 2
	E	inter Florida street add	tress
		, Florida	12 F
	City		Zip Gode
New Registered Agent's Signature, if changing Registered Regi	<u>ent:</u>		F 07
I hereby accept the appointment as registered agent and			
the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent	mplete performanc as provided for in (e of my duties, and L Chapter 608. F.S. Or	am jamiliar with and if this document is
being filed to merely reflect a change in the registered of			

company has been notified in writing of this change.

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

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Damous
			<u> </u>
			□ D. mana
			Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheet	s, if necessary.)
_			
	5-2)	2012	

Page 2 of 2

Filing Fee: \$25.00