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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2018

SUSAN GIULIANI 3879 SW INWOOD PINES LN PALM CITY, FL 34990

SUBJECT: CHESSGAMES SERVICES LLC

Ref. Number: L11000039180

We have received your document for CHESSGAMES SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00. Nee Level Dage Lapy of Check

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00021677

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	iability company here: NO CHANGE
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.L.C" or the abbre@ation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	PALM City, FL 34990
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3879 SW. DNWOOD PINES LA PALM CITY, FL 34990
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent: Sus A  New Registered Office Address: 3879	SW FRWOOD PINES LA
PALM	

## 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.

Cin

Hild-an Auliani
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Address	Type of Action
MGRM	SUSAN (GILLINI	3879 S.W. FNIWOO PINE PALIN CITY, FL. 34990	S Add
		<b>\$</b>	□ Remove
			Change
MGRM	Demetrius Cross	CAPE CURAL, FL 33991	🗆 Add
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an ef	tive date, if other than the date of filing: 10/6/2018 (option: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605,0207
ocun	nent's effective date on the Department of State's records.	
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n. on the earlier o
ated	Legan Signature of a member of a member	
	Signature of a member or authorized representative of a member	<del></del>
	Signature of a member or authorized representative of a member  SUSAN GILLIAN: Typed or printed name of signee	

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Filing Fee: \$25.00