L11000143400

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TAILAHASSEE, FLORID



COVER LETTER

то: `	Registration Sect Division of Corpo			•
SUBJE	C T •	Game Kni	ight Games LLC.	
50101			ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Eric A Martin	
			Name of Person	
			Firm/Company	
P.O. Box 531511 Address St Petersburg FL 3374			P.O. Box 531511	
			Address	<u>-</u>
			City/State and Zip Code	
eric@ E-mail address: (gameknightgames.com to be used for future annual report notifical	ion)
For fur	ther information con	cerning this matter, please c	all:	
*** * ····		ic Martin	at (·)	30-1772
	Name of P	Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for the	following amount:		
\$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)
	MAN INC ADDRESS.		CTDEST/COUNTED	ADDRESS

MAILING ADDRESS:

ij,

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 12 6

I FILED 12 FEB 13 PM 1: 49

SECREJARY OF STATE Game Knight Games LLC. (Name of the Limited Liability Company as it now appears on our records) E, FLO 12/22/2011 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L11000143400 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. Box 531511 St Petersburg, FL 33747 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	James R Martin	5472 26th St S #72	Add
		St Petersburg, FL 33721	Remove
			Add Remove
		•	Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If ameno	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	4
			FILED 12 FEB 13 PH 1: \$1 SECRETARY OF STATE ALLAHASSER, FLORIG
Dated	C - 1 -		
	Signature of a member	or authorized representative of a member	
		Eric A Martin	
	Туре	d or printed name of signee	

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Filing Fee: \$25.00