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JE JANASSEE FI ORIDA

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
SUBJE	CCT:	THE 6 Name of Limi	AME 2012 LLC ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		FEDEF	Name of Person	<u>.</u>
			Firm/Company	
		Address		
			City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notifica	tion)
For fur	ther information co	oncerning this matter, please o	all:	
			at ()	elephone Number
	Name of	f Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for th	e 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)

MAILING ADDRESS:

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

FILED

12 OCT 29 PH 1: 43

		Shells (ALM on orang	
Name of the Limited 1	GAME 2012 LL Liability Company as it now appears on Florida Limited Liability Company)	OUR records.)	
(A)	Florida Elimited Elability Company)	0 1 0	
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{1}{2}$	and assigned	
The Articles of Organization for this Limited Lia Florida document number <u>しい</u> として	094614	•	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enton now moiling address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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, <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> **Address Type of Action** OPLANDO VILLELLA 235 LINCOLN PD" Remove ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCOBER 26 Signature of a member or authorised representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00