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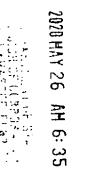
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JUN 13 2020 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Charles Bell				
		Name of Person			
	Pace Players Arcade LLC				
		Firm/Company			
	7305 Thor Lane				
		Address			
	Pensacola, Florida 32526				
		City/State and Zip Code			
	cebellinc@gmail.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Charles Bell		850 501-2482 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 632	7	The Centre of T			
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

93

Pace Players Arcade LLC			3 71
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	24 7
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000138061</u> .			and assigned of 35
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company	here:	
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		e designation "LLC" or the	ne abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our	records, enter the	name of the new registered
Name of New Registered Agent:		···	
New Registered Office Address:	Enter F	lorida street address	
		, Florida	a
·	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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.

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>	<u>Name</u>	Address	Type of Action
MGRM	Ruth Elliott	7290 Thor Lane Pensacola Florida 32526	■Add
			□Remove
			Change
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Effective date, if other than the	date of filin	05/22/2020 g:		(optional)	
fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the De	ock does not r	neet the applic	able statutory f	or more than 90 days iling requirements	after filing.) Pursua s, this date will no	nt to 605.0207 t be listed as
e record specifies a delayed effective d is filed.	e date, but not	t an effective ti	me, at 12:01 a.	m. on the earlier o	of: (b) The 90th	day after the
		2020	<u> </u>			
Dated						
Dated May 22nd	Zell					
Dated May 22nd Charles Bell	Signature of a	member or author	orized representa	tive of a member		

Filing Fee: \$25.00