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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: L7GM	vers Emporiu	im LLC	MGR.
	Name of Limite	d Liability Company	+ADD member
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	+ ADD member + Change Address
Please return all correspon	ndence concerning this matter to	o the following:	
	Patrick.	Townservd Name of Person	
	<u>Gamers</u> En	PORIUM LLC Firm/Company	
	657 Gad	ISON ST SUI	k 100
	Groveland Groveland Go	FL 34711 City/State and Zip Code OMOS Emporium 1	Florida Ogmail. Com
	E-mail address: (to	be used for future annual report notif	cation)
For further information co	oncerning this matter, please cal	II:	
Petrick Name of	Tawnsend Person	at (<u>352) 874 – (</u> Area Code & Daytim	<u></u>
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gamers Emporio	im Uc	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	**************************************
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000146</u> 96	were filed on 10 18 20	기 <u> </u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here: ('Add 🍎 Go	imer's) we want the
Gamer's Emporium LLC	· -	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	657 Gadson S	t suite 100 34136
(Principal office address MUST BE A STREET ADDRESS)	Groveland FL	34136
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	657 Gadso St S Graveland FL 3	uite 100 4736
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
		7
	, Florida , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	3 3

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

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> MGRM 15742 Golden Clubst. V Add Mitch Key Clermont FL 34711 Remove MGRM Patrick Townsend Clermont FL 3471/ Add Remove Remove

Adding operating Agreement.
reion g or crain o ray control.
4-
Signature of a member or authorized representative of a member
Potrack Allen Townsend Jr.
Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00