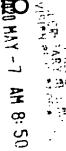
## L14000129944

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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April 21, 2020

MARK E. TOWNSHEND 3075 FLAGLER AVE. UNIT 21 KEY WEST, FL 33040

SUBJECT: GAMESON.CO LLC Ref. Number: L14000129944

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FLORIDA DEPARTMENT OF STATE Division of Corporations

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Authorized Person(s) authorized to manage- Insufficient information provided. Please correct your document.

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) 245-6050.

Letter Number: 120A00008242

Querida R Moore Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of €	orporations		
GAMES	ON.CO LLC		
TOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Mark, E. Townshend		
		Name of Person	<del></del> -
	GAMESON		
		Firm/Company	
	3075 Flagler Ave. Unit 21		
		Address	···
	Nev West, FL 33040		
		City/State and Zip Code	<del></del>
	mtownshend@psconime.nea		
		o be used for future annual report not	inication)
For further information	concerning this matter, please ca	il:	:
Mark E Townshend		813 245-2497	
Name	of Person		ne Telephone Number
Enclosed 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ANTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

GAMESON.CO LLC

company has been notified in writing of this change.

Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on August 19, 2014 and assigned Florida document number 1.14000129944.
Inis amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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:
Same of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
Thy 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 in.

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anziaccept 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. Thereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
: IGR	Mark E. Townshend	3075 Flagler Ave, Unit 21, Key West, FL 33040	<b>4.</b> ad
			□Remove
			@Change
AMBR	Michael D. Mitchell	200 2nd Ave South, #156, St. Petersburg, FL 3370.	Ū/AG
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			□Cnangs
			□Remove
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Mark, E. Townshend

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tive date, if other than frective date is listed, the date	the date of filing	g:			(	optional	)	

Typed or printed name of signee