## L14000158260

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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON

## **COVER LETTER**

	istration Sec sion of Corp			
SUBJECT:	Notepad	Games, LLC		
oobeen.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
	·	Keone Robinson	-	
			Name of Person	<del></del>
		Notepad Games, LL	С	
			Firm/Company	
		146 Alderwood Drive	е	
		<del></del>	Address	
		Kissimmee, FL		
			City/State and Zip Code	
		keone@notepadgam	es.com to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please co		Canony
Keone Ro	binson		, 407 \ 5911717	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	NC ADDRESS	STREET/COURI	FR ADDRESS:

۳,

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notepad Games, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	SEC 15
The Articles of Organization for this Limited Liability Company	were filed on October 09, 2014	and assigned
Florida document number L14000158260		1887 1887 1887
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company here:	PM IZ: 24 OF STATE E. FLORIDA
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:	1970 E Osceola PKWY # 11	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34743	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1970 E Osceola PKWY # 11	16
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the ne
Name of New Registered Agent:		<u> </u>
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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Robinson	581 Finch Court	■ Add
		Poinciana, FL 34759	□ Remove
			<del></del>
		<del>.</del>	□ Add
	•		Remove
			□ Add
			Remove
			□ Add
			Remove
			A Rod
			PM 12 25 UF STATE E. FILORIDA
			Remove

<del> </del>		
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	te of filing:  e prior to date of receipt or filed date and cannot be mo a Department of State)	(optional) re than 90 days after
the date this document is filed by the Florida		(optional) re than 90 days after
e date this document is filed by the Florida	a Department of State)	(optional) re than 90 days after
ated January 14th	a Department of State)	

Page 3 of 3

Filing Fee: \$25.00

