15000028752

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	Registration Sec Division of Cor			
emp iez	Spectre Gar	mes, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The encle	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Aaron Rogers		
		-,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person	
		Spectre Games, LLC		
		•	Firm/Company	· • · · · · · · · · · · · · · · · · · ·
		9209 Summer breeze Ct.		
			Address	
		Clermont, FL, 34711		
			City/State and Zip Code	
		aj.rogers@spectregames.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For further	er information co	oncerning this matter, please ca	all:	
Aaron Ro	gers		352 874-2711 at()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Spectre Games, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L15000028752	npany were filed on <u>02/16/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Spectre Innovations, LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Maning duaress MAT BE A TOST OFFICE BOX		PP II
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3. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			O Add
			Remove
			☐ Change
			Add

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Effective date, if other than the date of filing:	(or	otional)	
fan effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	date of filing or more than 90 days a	fter filing.) Pursuant to (
ne record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:0:	l a.m. on the ea	rlier o
05/12/2018 Dated			
Dated 05/12/2018 Octor Royl Signature of a member or authorize	. •		
won yeonla			

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Typed or printed name of signee

Filing Fee: \$25.00