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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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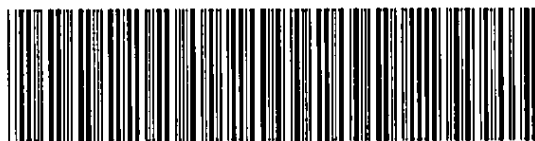
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
TALLAHASSEE, FL

AUG 08 2019
C. KIRK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHOSTPUNCH GAMES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD E. DANIELS

Name of Person

GHOSTPUNCH GAMES, LLC

Firm/Company

14201 W. SUNRISE BLVD. SUITE 202

Address

SUNRISE, FL 33323

City/State and Zip Code

rick@ghostpunch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD E. DANIELS

954

547-2932

at (_____) _____

Name of Person

Area Code

Daytime 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)

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**

GHOSTPUNCH GAMES, LLC

(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 05/18/2015 and assigned Florida document number 1.15000087029.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14201 W. SUNRISE BLVD.

SUITE 202

SUNRISE, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14201 W. SUNRISE BLVD.

SUITE 202

SUNRISE, FL 33323

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2019 AUG -5 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Name of New Registered Agent:

RICHARD E. DANIELS

New Registered Office Address:

14201 W. SUNRISE BLVD., SUITE 202

Enter Florida street address

SUNRISE

City

Florida 33323

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.

X Richard E. Daniels

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>	<u>Type of Action</u>
AMBR	DANIELS, RICHARD E.	14201 W. SUNRISE BLVD.	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change
MBR	DANIELS, HEIDI	4605 ROTHSCCHILD DRIVE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BROWNE, DEVON G.	14201 W. SUNRISE BLVD.	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change
AMBR	GARCIA-TUNON, ALEJANDRO	14201 W. SUNRISE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		SUNRISE, FL 33323	<input type="checkbox"/> Change
AMBR	FALK, HUGH	14201 W. SUNRISE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		SUNRISE, FL 33323	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

X B. E. D. Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee