

215000170716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

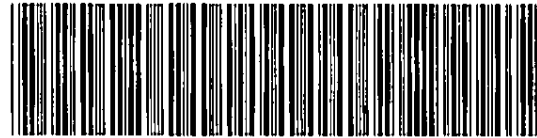
(Business Entity Name)

(Document Number)

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17 DEC 14 AM 7:42
SECRETARY OF JAIL
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leyda Enterprises 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:

Charles Sarullo
Name of Person

GK Slots
Firm/Company

1702 SE Village Green dr Unit A
Address

Port St Lucie, FL 34952
City/State and Zip Code

LUX Arcade 777 @ Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Sarullo
Name of Person

at (772) 380 2304
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Leyda Enterprises 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 10/1/15 and assigned
Florida document number L15000170716

This amendment is submitted to amend the following:

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

Game Kings Investments LLC

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

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7125 South U.S. Highway 1
Port St Lucie, FL
34952

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1702 SE Village Green drive
UNIT A
Port St Lucie, FL 34952

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:

Charles Sarullo

New Registered Office Address:

1702 SE Village Green drive unit A

Enter Florida street address

Port St Lucie

City

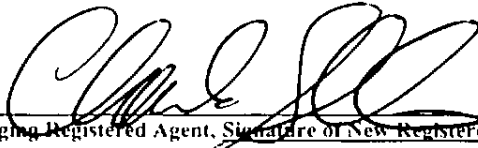
Florida

34952

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Todd Leyda	11872 Center Dr NE	<input type="checkbox"/> Add
		Magnolia, OHIO 44643	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeremy Barnes	1702 SE Village Green ^{dr}	<input checked="" type="checkbox"/> Add
		Unit A	<input type="checkbox"/> Remove
		Port St. Lucie FL 34952	<input type="checkbox"/> Change
AMBR	Charles Sarullo	1702 SE Village Green dr	<input checked="" type="checkbox"/> Add
		Unit A	<input type="checkbox"/> Remove
		Port St Lucie FL 34952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 DEC 14 AM 7:12
SECRETARY OF CLIMATE
AND ENVIRONMENT
FLORIDA

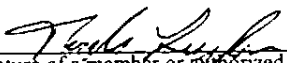
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 10, 2017


Signature of a member or authorized representative of a member

Todd Leyda
Typed or printed name of signee