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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Campus	Cards & Games 2, LL0	O	
SUBJECT:			
	Name of Lin	nited Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Philip Whigham		
	Compus Cords & G	Name of Person	
	Campus Cards & G	arries 2, LLC	
		Firm/Company	
	116 S Semoran Blv	d	
		Address	
	Winter Park, FL 327	'92	
	campuscardsandgar	City/State and Zip Code	
	,	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Philip Whigham		321 316-4100)
		at ()	ne Telephone Number
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPUS CARDS & GAMES 2, LLC

2020 SEP -8 PH 3: 44

(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 11/12/20)15 and assigned
Florida document number L15000191444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
J		
,		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name of the new register
agent and/or the new registered office address here:	·	
·		
Name of New Registered Agent:		
New Registered Office Address:		
J	Enter Florida street	address
<u> </u>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	rsp Cone
Thereby accept the appointment as registered agent and agre	a to get in this canagit	n. I farthar agree to comply with th
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
· ·		
! If Chang	ving Registered Avent. Sign	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> ÀMBR	<u>Name</u> ROBINETT, ERIC T	Address 2020 ՏԵՐ - Ց ԻՐՐ Յ: ԱԱ 116 S Semoran Blvd	Type of Action
			□Add
		Winter Park, FL 32792	⊆ Remove
	(
AMBR	MUOIO, JOSEPH J	116 S Semoran Blvd	□ Change
		Winter Park, FL 32792	≣ Add
			□Remove
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	09/02/2020
Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	reific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) es not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, loord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 2nd	2020
Dated	
(3M) 52.	
Signatu	are of a member or authorized representative of a member
Philip Whigham	
	Typed or printed name of signee