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JAN 18 200 T. LEMIEUX

COVER LETTER

	gistration Secti ision of Corpo			(27
SUBJECT:		Atheris G	sames 220	
		Name of Lim	ited Liability Company	
The enclose	d Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return	i all correspond	ence concerning this matter	to the following:	
		Andrew	Rossell Bir	reH
		Atheris	Entectanment Firm/Company	
		720 Inn	SBruck Dr. Address	
			City/State and Zip Code	
			City/State and Zip Code G Athers Entert to be used for future annual report	
for further i	nformation conc	erning this matter, please ca		
	Andrew Name of Pe	Russell Birke	H at (107) Da	ytime Telephone Number
Inclosed is	a check for the f	ollowing amount:		
1 \$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

OF FILES

Atheris Games LCC	- 2018 JAN 14 A 11: 38
(Name of the Limited Liability Comp. (A Florida Limited	2019 134 11 A 11: 38 Dany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	e to the territory of the state of the
	· · · · · · · · · · · · · · · · · · ·
Florida document number <u>L1666600060</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Athacia	
Atheris Entertais The new name must be distinguishable and contain the words "Limited Liab"	willty Company "the designation "LLC" or the abbreviation "LLC"
The few painternass of distinguishment and contain the words. Elimited Euro	mily company. The designation The or the authoritation Thine.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address wiggs DE A STREET ADDRESS	
7.4	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	office address on our records, enter the name of the new
gistered agent and/or the new registered office address her	<u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

	, Florida City Zip Code
Registered Agent's Signature, if changing Registered Agent:	<u>:</u>

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is giled to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany 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>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			Add
			Remove
			Change

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•	
Effect	ive date, if other than the date of filing: (optional)
f an et Note:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member

D.

Page 3 of 3

Filing Fee: \$25.00