Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000113009 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Fax Number

Phone : (305)397-8553 : (305)397-8521

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINDGAME ROOM, LLC

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COVER LETTER

H160001130093

Division of C			
	AME ROOM, LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · ·
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
÷	Soledad Herrada		
		Name of Person	
•	MINDGAME ROOM, LI	.c	
		Firm/Company	
	951 NE 125th Street		
		Address	
	North Miami, FL 33161		
		City/State and Zip Code	
	soledadherrada@gmail.com		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
Soledad Herrada		at () 922-3824 Area Code Daytime	
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)
BAAT	LING ADDRESS.	ero praveation	en annnver.

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

May. 5. 2016 6:00AM

PAGIO'S & ASSOCIATES, LLC ARTICLES OF AMENDMENT

No. 0200 P. 3 **H16000113009 3**

Zip Code

TO ARTICLES OF ORGANIZATION OF

MINDGAME ROOM, LLC		
(Name of the Limited Linbility Company (A Florida Limited Lis	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L16000031810	vere filed on 02/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company bere:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		.,,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ے در اب اب ا	C)
		·
	\$5.50 \$5.50 \$5.50	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	. 👱	name of the new
The state of the s	FLOR	Ö 💍
Name of New Registered Agent:	RIDA RIDA	55
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	· -
	. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

May. 5. 2016 6:01AM PAGIO'S & ASSOCIATES, LLC No. 0200 P. 4

If amending Authorized rerson(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 H160001130093

Title	<u>Name</u>	Address	Type of Action
AMBR	MARIADELA PEREZ ALBELA	7020 RUE GRANVILLE, APT 309	☐ Add
		MIAMI BEACH, FL 33141	■ Remove
			☐ Change
			Add
			□ Remove
	·		☐ Change
			Add
			□ Remove
			☐ Change
<u> </u>			□ Add
			Remove
			Change
			REMOVE STATE OF Change
			○ Change
			□ Add
			Remove
			Change

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tive date, if other than the			optional) 2.) Pursuant to 605 (r
If the date inserted in this be ment's effective date on the L	lock does not meet the applic	cable statutory filing red	quirements, this date	will not be listed
ecord specifies a delaye e 90th day after the rec		ot an effective time	e, at 12:01 a.m.	on the earlier
May 04	2016			
				TALL TALL
	' / IN / ')		(C)
= 00	Signature of a member or auth	orized representative of a	member	
Soledad Herrada	Signature of a member or auth	orized representative of a	member	

Filing Fee: \$25.00