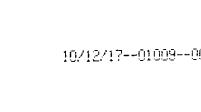
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(Requestor's Name)
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3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

T: 352.376.8201 F: 352.376.7996

www.salterlaw.net

STAR M. SANSONE LL.M. in Taxation stars@salterlaw.net

October 6, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Mystery Box Escape Rooms, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerely.

Star M. Sansone

SMS:mh

cc: Wil Maurer

COVER LETTER

TO:	Registration Se Division of Cor				
CI ID II	Mystery Be	ox Escape Rooms, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Star M. Sansone			
			Name of Person		
		Salter Feiber, PA			
			Firm/Company		
	3940 NW 16th Blvd., Bldg. B				
			Address		
		Gainesville, FL 32605			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	ication)	
For fur	ther information c	oncerning this matter, please co	all:		
Star N	1. Sansone		352 376-8201		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	ne following amount:			
\$2	5.00 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

Mystery Box Escape Rooms, LLC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited I	Liability Company were file	ed on 04/27/2016	and assigned
Florida document number L16000083391			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET_ADDRESS)		
		_	
			
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u>5</u>
B. If amending the registered agent and		lress on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered of	ffice address here:		1895 A
			÷, čo
Name of New Registered Agent:	William E. Maurer		
New Registered Office Address:	2210 NW 6th Place		
		Enter Florida street address	·
	Gainesville	, Florida	32603
	City		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>	Address	Type of Action
MGR	Christopher J. Scott	8219 N.W. 51st Street	
		Gainesville, Florida 32653	■ Remove
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			☐ Remove
		 	☐ Change
			
			□-Remove
			Change
			
			GRemove
			Change
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fective date, if other than the date of filing:							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00