

L17000004539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

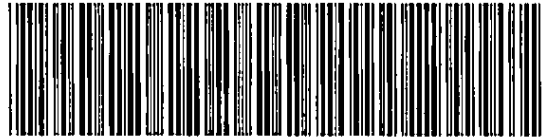
(Document Number)

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SOUTH FLORIDA  
HALL COUNTY, FLORIDA

S. WARREN

DEC 08 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2017

NANCY J. FLINT ESQ  
1856 N. NOB HILL ROAD #424  
PLANTATION, FL 33322

SUBJECT: FLIPPEN OUT GAMES LLC  
Ref. Number: L17000004539

We have received your document for FLIPPEN OUT GAMES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

CAN NOT HAVE CO. IN THE NAME OF A LLC, YOU CAN USE THE WORD  
COMPANY, BUT NOT THE SHORTENED VERSION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 317A00020858



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2017

NANCY J. FLINT, ESQ.  
1856 N. NOB HILL ROAD #424  
PLANTATION, FL 33322

SUBJECT: FLIPPEN OUT GAMES LLC  
Ref. Number: L17000004539

We have received your document for FLIPPEN OUT GAMES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 2 AND 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 517A00019350

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Flippen Out Games 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:

Nancy J. Flint, Esq.

\_\_\_\_\_  
Name of Person

Nancy J. Flint, Attorney At Law, P.A.

\_\_\_\_\_  
Firm/Company

1856 N. Nob Hill Road, #424

\_\_\_\_\_  
Address

Plantation, Florida 33322

\_\_\_\_\_  
City/State and Zip Code

nancy@flintiplaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy J. Flint

954

8120660

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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)

### 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

2011 OCT 16 PM 12:26  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Flippen Out Games 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 01/05/2017 and assigned  
Florida document number L17000004539.

This amendment is submitted to amend the following:

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

Brewpub 21 Game Company LLC

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

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)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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

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STATE  
OF FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated 10-13-2017.

Thomas C. Kennedy

Signature of a member or authorized representative of a member

Thomas C. Kennedy

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA