

LI7000033403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

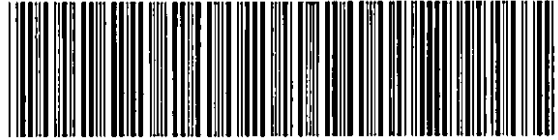
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAZY 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 M ZEPEDA

Name of Person

CRAZY GAMES, LLC

Firm/Company

3770 N JOG ROAD APT# 202

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

CRAZYGAMES2011@HOTMAIL.COM

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

For further information concerning this matter, please call:

NANCY M ZEPEDA

561

386-9703

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CRAZY 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 02/09/2017 and assigned
Florida document number L17000033403

This amendment is submitted to amend the following:

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

CRAZY GAMES, LLC

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

Enter new principal offices address, if applicable:

3770 N JOG ROAD APT# 202

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33411

Enter new mailing address, if applicable:

3770 N JOG ROAD APT# 202

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33411

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:

NANCY M ZEPEDA

New Registered Office Address:

3770 N JOG ROAD APT# 202

Enter Florida street address

WEST PALM BEACH

, Florida 33411

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NANCY M ZEPEDA	3770 N JOG ROAD APT# 202	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARCOS R ZEPEDA	3770 N JOG ROAD APT# 202	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2021-22

E. Effective date, if other than the date of filing: _____ (optional) -

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.

Dated November 29, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee