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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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: COVER LETTER

	Registration Sec Division of Corp			
CUD IEC	Infinite Fun	works LLC		
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		Anthony Rossello		
			Name of Person	
		Infinite Funworks LLC		
			Firm/Company	-
		14604 SW 59TH TER		
			Address	
		Miami, FL 33183		
		-	City/State and Zip Code	
		rossello.ac@gmail.com		
		E-mail address: (to be used for future annual report notif	leation)
For furth	er information co	oncerning this matter, please co	all:	
Anthony	Rossello		786 734-3509 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. 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**

Infinite Funworks LLC	11. (94. ()	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liz Florida document number L17000202665		
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	_
Philosopher Games LLC	-p 1	1
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC.")
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	POX)	
registered agent and/or the new registered off	r registered office address on our records, enter the name of the nice address here:	<u>ew</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	Liver Furnita sireer address	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Ro		
THE RESIDENCE WELLIE & SIGNATURE, IL CHANGING KO	Eliteren Werner	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			□ Change
			
			Remove
			□ Change
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	10/02/2017	
ctive date, if other thar effective date is listed, the dat	the date of filing: must be specific and cannot be prior to date of f	(optional) filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in the important is effective date on the important in the important is effective date.	is block does not meet the applicable statut ne Department of State's records.	tory filing requirements, this date will not be listed
record specifies a dela ne 90th day after the	yed effective date, but not an efferective date, but not an efferective date, but not an efferective date.	ective time, at 12:01 a.m. on the earlier
October 8	2017	
and	M SHAMAA	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00