

L17000205922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

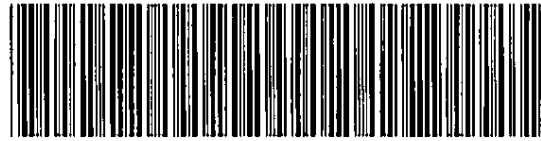
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Spoke to Mr. Steen add
Florida suffix LLC to
name change*

Office Use Only



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01/02/19--01022--023 **25.00

FILED
19 FEB -9 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 2 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

CHRISTOPHER STEEN
5303 HONORE AVE
SARASOTA, FL 34233

SUBJECT: MARRIED TO THE GAME PRODUCTION LLC
Ref. Number: L17000205922

We have received your document for MARRIED TO THE GAME PRODUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 819A00000754

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

MARRIED TO THE GAME PRODUCTION 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 10/04/2017

Florida document number L17000205922

This amendment is submitted to amend the following:

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

CHRISTOPHER L. STEEN 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:

5303 HONORE AVE SARASOTA FL. 34233

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5303 HONORE AVE SARASOTA FL. 34233

(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:

CHRISTOPHER L. STEEN

New Registered Office Address:

5303 HONORE AVE

Enter Florida street address

SARASOTA

City

Florida 34233

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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2017-02-09

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	NIKITA M. RODRIGUEZ	1328 NORTH BRINK AVE / SARASOTA FL. 34237	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER L. STEEN	5303 HONORE AVE / SARASOTA FL. 34233	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

11/23/2018

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 2/12/2019

Signature of a member or authorized representative of a member

Christopher L. Steen

Typed or printed name of signee