

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L1800027763**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
Account Number : I20180000068  
Phone : (407)344-1012  
Fax Number : (407)344-1371

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GAMEBOOKS LLC

Certificate of Status	0
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2018 SEP 24 AM 11:03

2018 SEP 24 AM 11:03

18 SEP 24 AM 9:31

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Electronic Filing Menu

Corporate Filing Menu

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7. SUMMONS  
SEP 27, 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAMEBOOKS, 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 01/08/2018 and assigned  
Florida document number L18000005871

This amendment is submitted to amend the following:

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

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:

(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

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	Strada, Alexander	1012 E Osceola Pkwy Kissimmee, FL 34744	<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
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

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24 AM 9:31  
SEP 24 2018

13 SEP 24 AM 11:11

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SEP 24 AM 9:31  
13

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 September 24, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Johannes Siller

Typed or printed name of signee