Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-	6383	CF STATE SEE, FL
From:	Account Name : LEGALINC Account Number : 120180000 Phone : (844)386- Fax Number : (214)317-	0011 -0178	
annual r	mail address for this busine eport mailings. Enter only	ness entity to one email addr	be used for future ress please.**
			C DESIGN
LLC	AMND/RESTATE/CORR GAMEBOOF		GRESION
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To: 18506176383 From: 12147128131 Date: 11/08/22 Time: 5:40 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GAMEBOOKS LLC		
(Name of the Limited Liability (A Florida	 Company as it now appears on our reco Limited Liability Company) 	9% 🚫
		20 22
The Articles of Organization for this Limited Liability Co	ompany were filed on 01-08/2018	and and griced
Florida document number (1.1800000587)		7-8
This amendment is submitted to amend the following:		ED BH 1:57
A. If amending name, enter the new name of the limb	ted liability company here:	7:5 7:5
SEPIA KING LLC		~
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L	LC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	I office address on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		-11
New Registered Office Address:		
	Enter Florida street add	liess
		Florida Zip Code
	Cin	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
Thereby accept the appointment as registered agent (and agree to act in this capacity. I	further agree to comply with the

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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000370410 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
	ALEXANDER STRADA	9187 BOGGY CREEK ROAD	
		UNIT?	Z)Remove
		ORLANDO, FL 32824	□(Thange
MGRM	WOLFGANG MISTELBERGER	9187 BOGGY CREEK ROAD UNIT 7	⊒Add
		ORLANDO, FL 32824	
MGRM	RYAN WENDELL	9187 BOGGY CREEK ROAD UNIT 7	
		ORLANDO, FL 32824	□Remove
			≝ Change
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	ding any other information, enter change(s) here: (Anach additional sheets, if necessary.)
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Effection of Materials of Mater	tive date, if other than the date of filing: [(optional)] Heetive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the rec	ord 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 filed.
	2023
Date	d November 7
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	(d d / / d / d / d / d / d / d / d / d
	Signature of a member or anthorized representative of a member

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