218000099188

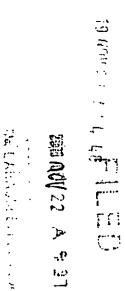
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300337248393

11.23.75--01007--011 **25.00



May 8 2 2010

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOT ANOTHER (GAME STORE	LLC	
····			Art of Inc. File
		· · -	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	11/22/19		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Walls In	337H Pr. 1 **		UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Not Anoth	ner Game Store LLC mited Liability Company	
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		becca Netz Name of Person	
	Not	Another Game Store L Firm/Company	LC
		eatre Dr. Swite 500	
		Augustino FL 32086 City/State and Zip Code other gamestore Qa mail to be used for future annual report noti	
For further information	e-mail address: (concerning this matter, please c	·	ification)
Rebecco Name o	L NC+Z of Person	at (904) 716-36 Area Code Daytim	236 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		Street Address:	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		V90\ 1885	22 A 9 27
- Not Ac	other Game Sto	re LLC	
(Name of the Limited Liability (A Florida	Limited Liability Company)	<u>s on our records.</u>) ් ශ්යේකරණය	sold in Carlift
The Articles of Organization for this Limited Liability Co			and assigned
Florida document numberLI800099188			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	_ -		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the nam</u>	e of the new registered
The state of the s			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	City		Zıp 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

and the control of th

<u>Title</u>	Name	Address	Type of Action
MGR	Havlinek, William J.	112 Fagle Ridge Dr	□Add
		112 Eagle Ridge Dr Benlaville, NC 28518	Nemove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
·			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

-	
_	
-	
-	
_	
_	
_	
_	
_	
an effect lote: If	e date, if other than the date of filing: 11/22/19 (optional) ive 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 605.020' the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
recoi The 9	rd specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 0th day after the record is filed.
ited	November 22nd, 2019.
	Signature of a member of authorized representative of a member
	,

Page 3 of 3

Filing Fee: \$25.00