## L18000117539

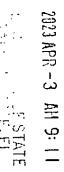
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## **COVER LETTER**

TO: Registration S Division of Co				
Juicy Gam SUBJECT:	e Night, LLC			
30bJEC1.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Alexander Pesante			
		Name of Person		
	Juicy Game Night, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	25 W Marbrisa Way			
	<del></del>	Address		
	Kissimmee, FL 34743			
		City/State and Zip Code		•
	JuicyGameNight@gmail.co			
	E-mail address: (	to be used for future annual report not	tification)	
For further information of	concerning this matter, please c	all:		
Alexander Pesante		772 453-8720 at ()		· 20
Name c	of Person	Area Code Daytir	ne Telephone Number	7023 APR
Enclosed is a check for t	he following amount:			. w
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee.

and the second

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

Street Address: 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record- Liability Company)	<u>s.</u> )			
The Articles of Organization for this Limited Liability Company were filed on 05/10/2018  Florida document number L18000117539					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>			
		w			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		9.			
		, m -			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	the name of the new regist			
New Registered Office Address:	Enter Florida street address	<del></del>			
	, Flo	rida 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 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>	Address	Type of Action
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