118000123344

(Re	equestor's Name)	
		,
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF COSPORATIONS
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COVER LETTER

TO:	Registration Sec Division of Corp			
cunt		/ER 1992,LLC		
SUBJ	ECT:		ted Liability Company	
		Amendment and fee(s) are sub-		
	,	JAVIER A FERNANDEZ	-	
			Name of Person	
			Firm/Company	
		8822 SW 72 ST		
			Address	
		MIAMI, FLORIDA 33173		
			City/State and Zip Code	
		javierfdez92@yahoo.es	to be used for future annual report notif	ioni (m)
For fu	orther information ec	oncerning this matter, please co		(Catton)
JAVI	ER A FERNANDE	<i>7.</i>	786 7046198 at ()	
	Name of	Person Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount:		
\$ \$2	25.00 Filing Fee	□ \$30.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAME LOVER 1992 LLC		
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our records.) rida Limited Liability Company)	·
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000123344}{L18000123344}$	y Company were filed on 05/16/2018	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited 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:		1 DIV
(Principal office address MUST BE A STREET AD	DRESS)	# SEC
		7 × × × × × × × × × × × × × × × × × × ×
		9 23
Enter new mailing address, if applicable:		
,,		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		0 <u>2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
B. If amending the registered agent and/or re		r the name of the nev
registered agent and/or the new registered office a	address nere:	
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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>	Address	Type of Action
AMBR	JAVIER A FERNANDEZ	8822 SW 72 ST	
		MIAMI FL 33173	
			■ Change
		<u> </u>	Add
			□ Remove
			Change
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ote: If the date inserted in thi	the date of filing: must be specific and cannot be prior s block does not meet the applicate Department of State's records.	to date of filing or more than 90 days able statutory filing requirements	
	yed effective date, but not	t an effective time, at 12:0)1 a.m. on the earlier
record specifies a dela The 90th day after the	record is filed.		
	2018	prized representative of a member	

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Filing Fee: \$25.00