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DIVISION OF CORPORATIONS

N COOPER AUG 3 0 2018

COVER LETTER

Division of Cor			
	AMES & ARCADES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA ISTURIZ		
		Name of Person	
	BOOKKEEPINGSERVIO	CES VE INC	
		Firm/Company	
	308 FREEDOM CT		
		Address	
	DEERFIELD BEACH, FI	_ 33442	
	bookkeepingservices.ve@	City/State and Zip Code Dgmail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
MARIA ISTURIZ		561 305-4101	
Name c	of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee ('K 10 5 3	□ \$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)
MAII	INC ADDRESS:	STREET/COURT	FR ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

ENJOY GAMES & ARCADES, LLC

(Name of the Limited	l <mark>Liability Compa</mark> V Florida Limited I.	ny as i <mark>t now appears on our r</mark> Jability Company)	records.)		
The Articles of Organization for this Limited Liab	bility Company	were filed on 08/10/2018	3	and assi	gned
Florida document number L18000191538					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	ility company here:			
N/A					
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	"LLC" or the abbrevi	ation "L.l.	C."
Enter new principal offices address, if applicat	ole:	N/A			
(Principal office address MUST BE A STREET				18	
				AUG	22
				2	육
Enter new mailing address, if applicable:		N/A		70_	200 200 200
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)					
	<u>,</u>			2	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office agent age	N/A		cords, <u>enter the</u>	name o	of the nev
New Registered Office Address:	N/A	Enter Florida street	address		
		City	, Florida 	ip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:	•		•	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	agent and agre and complete ered agent as p gistered office	performance of my dution of the provided for in Chapter	es, and I am famil 605, F.S. Or, if th	liar with is docur	and nent is

If Changing Registered Agent, Signature of New Registered Agent

Mike De Paulo

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
MGR	TALES HENRIQUE, SPESSOTTO	1791 BLOUNT RD , STE 701, POMPANO BEACH, FL 33069	■ Add
			□ Remove
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	-		
			Remove
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		N/A			
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Signature of a member or authorized representative of a member	ocun e rec The	e 90th day after the record is filed.			
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Page 3 of 3

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