

L19000019630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

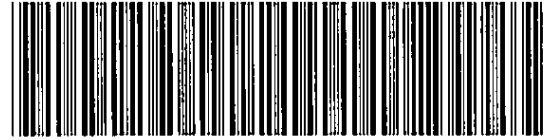
(Business Entity Name)

(Document Number)

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09/15/2019 10:31 AM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Let's Play Retro Games LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vasilis Bourzikos
Name of Person

Let's Play Retro Games LLC
Firm/Company

833 85th St Unit #4
~~Miami Beach, FL 33141~~
Address

Miami Beach FL 33141
City/State and Zip Code

~~XXXX~~ Letsplayretrogamesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vasilis Bourzikos at (305) 890-6871
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Let's Play Retro Games LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP 15 PM 3:44

The Articles of Organization for this Limited Liability Company were filed on 1/17/19 and assigned Florida document number L19000019630.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:
(Principal office address MUST BE A STREET ADDRESS)

833 85th St
Unit #4
Miami Beach FL 33141

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

833 85th St
Unit #4
Miami Beach FL 33141

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Vasilis Bourzikos	833 85th St	<input checked="" type="checkbox"/> Add
		Unit #4	<input type="checkbox"/> Remove
		Miami Beach Fl 33141	<input type="checkbox"/> Change
MGR	Vasilis Bourzikos	10600 Blountfield Dr	<input type="checkbox"/> Add
		Unit 812	<input checked="" type="checkbox"/> Remove
		Orlando Fl 32825	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My goal is to have my (Vasilis Bourzikos) title changed from MBR to AMBR Because I made a mistake when filing. In addition to that I would like my address updated as indicated on the previous form. Thank you!

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/12/19, 1:15 PM

Vasilis Bourzikos

Signature of a member or authorized representative of a member

Vasilis Bourzikos

Typed or printed name of signee