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## **COVER LETTER**

Division of Corporations
SUBJECT: Fun Sweeps Arcade & More 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:
Amir Altheeb Name of Person
Fun Sweeps Arcade & More LLC Firm/Company
2496 West US Hwy 90
Lake CHy FL 32024
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Amir Altheeb at 904, 730-9264
Name of Person Area Code Daytime Telephone/Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Solution Status Solution Solutio
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

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

TO:

Registration Section

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

Fun Sweeps Ar	reade à More LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L190000431</u>	folity Company were filed on $\frac{2/12/2019}{75}$	and ass
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbrevia	ition "L.
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	sistered office address on our records, <u>enter the name of</u> here:	
Name of Nines Deviational Assess	TACCO	2020 JUP
Name of New Registered Agent:	ر هکا <u>م</u> آرگ آرگ آرگ آرگ آرگ آرگ آرگ آرگ آرگ آرگ	JUN 29
New Registered Office Address:	Enter Florida street address	P
	Florida 715	က်၊
	City 74	p Col

## 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit, accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili 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 | or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
AMBR	STACEY Solomon	110 SW Camel Gln	🗆 Ade
		Lake City FL 3200	14 08Res
			🗆 Cht
AMBR	Amir Altheeb	2496 West US Hwy 9	<u>O</u> _&Add
		Lake City FL 3208	<u>55</u> □Ren
			🗆 Cha
			🗆 Add
			□Ren
			ZUZU BUH ZE I
			AHASS
			# 유명   12 - 12   12   12   13   13   13   13   13
			다삼 20 □Ren
			□Cha
		anner -	□Ado
		<del>,</del>	□Ren
			ПСba

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	SECE TAE
	ن ۱۳۰۵ از اندیک
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
Dated <u></u>	June 24 , 2020.
	Signature Waynomber of authorized representative of a member
	Amy Althorb

Filing Fee: \$25.00