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COVER LETTER

, Skill Gan	nes Limited Liability Company			
Subject.	Name of Line	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Scott Alexander, Esq.			
		Name of Person		
	Alexander Law, PA			
		Firm/Company	· ···	
	6351 Fjord Way North			
		Address		
	New Port Richey, FL 3469	52		
		City/State and Zip Code		
	salexander@kronoscapital.	com		<u>,</u>
	E-mail address: (to be used for future annual report notifications	ation)	19 19
For further information	concerning this matter, please c	all:		SEP C
Scott Alexander		727 612-2212 at ()		- 5 S.X.
Name	of Person	Area Code Daytime T	'elephone Number	OF SIA
Enclosed is a check for	the following amount:			교 전투
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & /

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Skill Games Limited Liability Company		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
Γhe Articles of Organization for this Limited Liability Cor	mpany were filed on 02/25/2019	and assigned
Florida document number L19000054348	•	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	
		10
		en Con
Inter new mailing address, if applicable:		2 9F2
Mailing address MAY BE A POST OFFICE BOX)		-
The second of th		- 9º
	750	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 If amending the registered agent and/or register egistered agent and/or the new registered office address 	red office address on our records, <u>er</u> ss here:	ක ලූ nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	a
	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
MGR	David Brandel	7701 Starkey Road	
		#422	Add
			Remove
		Seminote, FL 33777	Change
AMBR	Kenneth Banks	7701 Starkey Road	
	·	#422	Add
			Remove
		Seminole, FL 33777	Change
MMBR	Scott Alexander	333 3rd Avenue N	Ü
		Ste 550	■ Add
			Remove
		St. Petersburg, FL 33701	Change
			•
			Петюvе
			Change
			U Add
			Remove
			Change
			☐ Remove
			☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
If the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed.
Dated	9-14-19
	Signature of a member or authorized representative of a member
	Kenneth iz Banks Typed or printed name of signee

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Filing Fee: \$25.00