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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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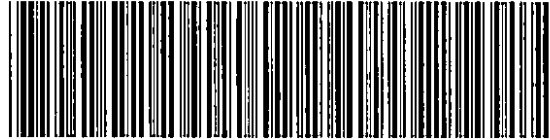
(Business Entity Name)

(Document Number)

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2019
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Amend

NOV 08 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skill Games Limited Liability Company

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:

Scott M. Alexander, Esq.

Name of Person

Alexander Law, P.A.

Firm/Company

333 3rd Avenue N., Suite #550

Address

St. Petersburg, FL 33701

City/State and Zip Code

scott@smalexanderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Alexander

727

612-2212

at (_____) _____

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
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

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

The Articles of Organization for this Limited Liability Company were filed on February 25, 2019 and assigned
Florida document number LI9000054348.

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)

1906 US Hwy 19 North

Holiday, FL 34691

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1906 US Hwy 19 North

Holiday, FL 34691

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:

Alexander Law, P.A.

New Registered Office Address:

333 3rd Avenue North, Suite #550

Enter Florida street address

St. Petersburg

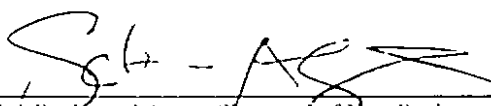
Florida 33701

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>
MGR	Scott Alexander	333 3rd Avenue North	<input type="checkbox"/> Add
		Suite #550	<input type="checkbox"/> Remove
		St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change
AMBR	Serena A. Sellars	3019 N. Abendroth Street	<input checked="" type="checkbox"/> Add
		Appleton, WI 54914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Isaiah Fine	3019 N. Abendroth Street	<input checked="" type="checkbox"/> Add
		Appleton, WI 54914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Blaine L. Piper	7701 Starkey Road	<input type="checkbox"/> Add
		#422	<input checked="" type="checkbox"/> Remove
		Seminole, FL 33777	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated October 14, 2019

Typed or printed name of signee