## L19000054348

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





600370492716

07/28/21--01012--009 \*\*25.00



EN PRUCE

## **COVER LETTER**

| TO: Registration Se<br>Division of Co |  |  |                          |   |
|---------------------------------------|--|--|--------------------------|---|
|                                       | SKILL GAMES LIMITED                          | LIABILITY COMPANY  | ·                        |   |
| SUBJECT:                              | Name of Lim                                  | ited Liability Company   |                          |   |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | mitted for filing.   |                          |   |
| Please return all correspondent       | ondence concerning this matter               | to the following:  |                          |   |
|                                       | Scott M. Alexander                           |  |                          |   |
|                                       |  | Name of Person   |                          | _                                       |
|                                       | Alexander Law, P.A.                          |  |                          |   |
|                                       |  | Firm/Company   |                          | _                                       |
|                                       | 5135 US Hwy 19 N., Suite                     | 282  |                          |   |
|                                       |  | Address  | <del>-</del>             | _                                       |
|                                       | New Port Richey, Florida                     | 34652  |                          |   |
|                                       |  | City/State and Zip Code  |                          | 202<br>15A                              |
|                                       | scott.alexlaw@gmail.com                      | to be used for future annual re                                      | apart patification)      |   |
| For further information of            | concerning this matter, please c             |  | cport invincement,       | 1.28                                    |
| Scott M                               | . Alexander                                  | 727<br>at ( )  | 612-2212                 | FH 2: 51                                |
| Name o                                | of Person                                    | Area Code  | Daytime Telephone Numbe  | 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| Enclosed is a check for t             | he following amount:                         |  |                          |   |
| ■ \$25.00 Filing Fee                  | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enck | Certifications Certified | ate of Status &                         |
| <u>Mailing Addre</u><br>Registration  |  | Street Ad  | dress:<br>tion Section   |   |
| Division of C                         |  | <b>-</b>   | of Corporations          |   |
| P.O. Box 632                          | 27   |  | tre of Tallahassee       | 010                                     |
| Tallahassee,                          | FL 32314                                     | 2415 N.  | Monroe Street, Suite 8   | 810                                     |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SKILL GAMES LIMITED LI   | ABILITY COMP                           | ANY                       |                       |
|--|--|---------------------------|-----------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Liab    | as it now appears (<br>pility Company) | on our records.)          |                       |
| he Articles of Organization for this Limited Liability Company we            | ere filed on                           | 02/25/2019                | and assigned          |
| orida document numberL19000054348  |  |                           |                       |
| nis amendment is submitted to amend the following:                           |  |                           |                       |
| . If amending name, enter the new name of the limited liabilit               | y company here                         | <b>:</b> :                |                       |
| ne new name must be distinguishable and contain the words "Limited Liability | Company," the des                      | ignation "LLC" or the     | abbreviation "L.L.C." |
| nter new principal offices address, if applicable:                           |  | u - + 1+ 1+               |                       |
| Principal office address MUST BE A STREET ADDRESS)                           |  |                           |                       |
| -  |  |                           |                       |
|  |  |                           | 200                   |
| nter new mailing address, if applicable:                                     |  |                           |                       |
| Aailing address MAY BE A POST OFFICE BOX)                                    |  |                           |                       |
| _  | <u></u>                                |                           | ÷ ⇔ ,                 |
|  |  |                           | B. B.                 |
| If amending the registered agent and/or registered office address here:      | lress on our rec                       | ords, <u>enter the na</u> | me of the new registe |
| Name of New Registered Agent:  |  |                           |                       |
| New Registered Office Address:   |  |                           |                       |
|  | Enter Florid                           | a 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>       | Address                  | Type of Action  |
|--------------|-------------------|--------------------------|---|
| MGR          | Ken Banks         | 3019 N. Abendroth Street | □Add  |
|              |                   | Appleton, WI 54914       | ■Remove   |
|              |                   |                          | Change  |
| MGR          | Serena A. Sellars | 191A Classon Avenue      | ■Add  |
|              |                   | Brooklyn, NY 11205       | □Remove   |
|              |                   |                          | Change  |
|              |                   | <del></del>              | □Add  |
|              |                   |                          | □Remove   |
|              |                   |                          | □Æld  \times \tag{\text{\ti}}}}}} \end{ent}}}}}}}}}}}}\endred\end{end}} |
|              |                   | <del></del>              | Change  |
| <del></del>  | <del></del>       |                          |   |
|              |                   |                          | □Remove   |
|              |                   |                          | Change  |
| <u></u>      |                   |                          | □ Add   |
|              |                   |                          | □ Remove  |
|              |                   |                          | □ Change  |

| · · · · · · · · · · · · · · · · · · · | <u>-</u> |
|---------------------------------------|----------|
|                                       |          |
|                                       | 22       |
|                                       | 21.2     |
|                                       | 1.2      |
|                                       | <u> </u> |
| <del></del>                           | PH 22    |
|                                       | <u> </u> |