L19000054348

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COVER LETTER

TO: Registration Division of C					
CHRIECT.	Skill Games Li	mited Laibility Company			
SUBJECT:		Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Scott M. Alexander			
	Name of Person				
Alexander Law, P.A.					
Firm/Company					
5135 US Hwy 19 N., #282					
		Address			
	:	New Port Richey, FL 34652			
		City/State and Zip Code			
		scott.alexlaw@gmail.com			
		to be used for future annual report no	ntification)		
For further information	concerning this matter, please e	all:			
Scott M. Alex	ander, Esq.	727 612-2			
Name	of Person	at () Area Code Dayti	me 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)		
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 63		The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skill Games Limited Lia	bility Company	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000054348	were filed on02/25/2019	and assigned
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Oshkosh, WI 54901 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 Agent: New Registered Office Address: Enter Fiorida Street address Florida		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	4908 38th Way South	
(Principal office address MUST_BE A STREET ADDRESS)	#102	
	St. Petersburg, FL 33711	
Enter new mailing address, if applicable:	105 Washington Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	STE 203	
·	Oshkosh, WI 54901	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	ne of the new registered
	City Zaorida	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
			☐Add
	\		Remove
			Change
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	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
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(If an effective date is listed, the date in Note: If the date inserted in this	the date of filing:	207 as
ne record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated July 9	2023	
	Signature of a thember or authorized representative of a member	
	Scott M. Alexander, Mgr.	
	Typed or printed name of signee	

Filing Fee: \$25.00