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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
com		LOUNGE LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		MARIO DAVIS		
		PINNACLE SIGNATURE	Name of Person GROUP, INC.	
		927 BEVILLE ROAD SUI	Firm/Company	
		SOUTH DAYTONA, FLC	Address ORIDA 32119	
		MDAVIS@PINNACLESIC		<u>/</u>
For fu	rther information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notifi all:	ication)
ANN	BISHOP		386 675-6595 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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

GAM	ER'Z	LOU	iNGI:	LLC

(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 L	iability Company w	ere filed on 03/25/20	19	and assigned
Florida document number L190000826695				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applie	cable:			20
(Principal office address MUST BE A STREE		•		
				26
Enter new mailing address, if applicable:	note:			1 5 C
(Mailing address MAY BE A POST OFFICE			109 109	
B. If amending the registered agent and registered agent and/or the new registered o		ce address on our	records, enter th	e name of the new
Name of New Registered Agent:	PINNACLE SIG	NATURE GROUP, IN	C	
New Registered Office Address:	927 BEVILLE RO	DAD SUITE 109		
New Negatered Office 7thatess.		Enter Florida str		
	SOUTH DAYTO	NA	, Florida <u>32119</u>)
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete poistered agent as proregistered office a	erformance of my doorided for in Chapto	uties, and I am fan er 605, F.S. Or, if i	this document is

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
AMBR	MARIO DAVIS SR.	927 BEVILLE ROAD SUITE 101	_
		SOUTH DAYTONA, FLORDIA	
			■ Remove
		32119	
	DUEDE PHOUS		
AMBR	PHEBE FUQUA	927 BEVILLE ROAD SUITE 101	□ Add
		SOUTH DAYTONA, FLORIDA	
			■ Remove
		32119	E 01
			☐ Change
			D Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			
			Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 6/24/19
ANDREI HOLT

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00