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3/14/23 V.W.



## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Voredda LI	LC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew Lietzenmayer		
		Name of Person	
	Voredda LLC		
		Firm/Company	-
	701 Bonsai Street		
		Address	
	Apopka, FL 32703		
		City/State and Zip Code	<del></del>
	drew.lietzenmayer@voredd	=	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual rep all:	oort notification)
Andrew Lietzenmayer		321 331-6	5952
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	he following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address		Street Add	
Registration S  Division of C		•	on Section of Corporations
P.O. Box 632	.7	The Centi	re of Tallahassee
Tallahassee, l	FL 32314	2415 N. N	Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Voredda LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/22/2019	and assigned
Florida document number L19000109290		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Voredda Games LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	· · ·
		023 SEE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	122 人 1
		3× _ m
		<b>高州 至</b>
B. If amending the registered agent and/or registered of	fice address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zin 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sarah Lietzenmayer	701 Bonsai Street	<b>≅</b> Add
		Apopka. FL 32703	□Remove
			□ Change
AMBR Chavorris Orr	Chavorris Orr	701 Bonsai Street	■Add
		Apopka, FL 32703	□Remove
			DChange
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 cord is filed.  Dated 12/29  2022  Many Agnature of a member or authorized representative of a member		The state of the s
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Signature of a member or authorized representative of a member	Dated	12/29 2022
Signature of a member or authorized representative of a member		$\mathcal{O}_{1}$

Filing Fee: \$25.00

Typed or printed name of signee