L19000117120

((Requi	estor's Nam	e)	
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PICK-UP	•	☐ WAIT		MAIL
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Certified Copies		Certifica	tes of S	Status
Special Instructions	to Fili	ng Officer:		
				

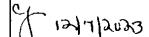
Office Use Only



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2023 YOV 21 PH 5: 39



COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
riease return an correspe	indence concerning this maner	to the following.	
	Michael O. Massey		
		Name of Person	
	Massey & Duffy		
	-	Firm/Company	 .
	855 E. Univ. Ave.		
		Address	
	Gainesville, FL 32601		
		City/State and Zip Code	
	masseylaw@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Michael Massey		352 505-8900 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Registration Section
Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 TEM 21 PH 5: 39

LION & LAMB GAMING, 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 Liability Co	Company we	ere filed on <u>(</u>	04/30/2019		and assigned
Florida document number L19000117120	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liabilit	y company	<u>here</u> :		
Raptured Pixels. LLC					
The new name must be distinguishable and contain the words "Limit	ited Liability	Company," the	designation	'LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	_				•
(Principal office address MUST BE A STREET ADDRI	RESS)				
		_			
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BOX)	-				
	_				······································
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:				nter the nam	
New Registered Office Address:					
- -		Enter F	lorida street a	ddress	
************				, Florida	Zip Code
		City			Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete pe gent as pro ed office ac	erformance o vided for in	of my dutie Chapter 6	s, and I am f 105, F.S. Or,	familiar with and if this document is
	If Changir	ng Registered .	Agent, <u>Signa</u>	ure of New Re	gistered 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
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		<u></u>	□Remove
			☐ Change
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ctive date, if other	er than the date of fi	iling:	to date of filing or m	opt	ional) er filing.) Pursuant to 605.0
e: If the date inser	ted in this block does n	ot meet the applic	able statutory filin		is date will not be listed
ument's effective d	ate on the Department	of State's records.			
record specifies	a delayed effectiv	e date but on	it an effective t	ime at 12:01	a.m. on the earlier
	er the record is file		CON CIRCUAL	.iiic, at 12.01	a.m. on the carre
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	Signature o	of a member or author	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00