## 11900253010

(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:

Office Use Only



500430423115

95/23/24--01002--020 \*\*25.00

7.

C5/25/24

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Game Abo	ve, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ashley Beal		
	<del></del>	Name of Person	
	Game Above, LLC		
	PO Box 60439	Firm/Company	
	Ft Myers . FL 33906	Address	
	AP@capstoneholdingsinc.c	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of Ashley Beal	concerning this matter, please c	all: 850 321-5713	1.7 1.7 1.0 1.0
Name of Person at ()  Name of Person Area Code Daytime Telephone Number		e Telephone Number	
Enclosed is a check for t	he 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)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Game Above, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	2)
he Articles of Organization for this Limited Liability Con L19000253010	mpany were filed October 8,2019	and assigned
Florida document number		
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited  ere:  ameAbove, LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· 
Principal office address MUST BE A STREET ADDRES	<u></u>	
		•
nter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
Tuumg uuaress MAI BE A POST OF FICE BOX)	-	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			□ Change
			□Remove

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: \_\_\_\_\_\_ (optional)
(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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. May 20 2024

May 20
Dated

May Beal

Signature of a member or authorized representative of a member

Ashley Beal

Typed or printed name of signee