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# **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

		PICK UP:	11/20/2019	
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### **COVER LETTER**

TO: Registration S Division of Co			
LEDGEN SUBJECT:	DARY GAME CAFE, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	H. Randolph Klein		
	·	Name of Person	
	Klein & Klein, LLC		
		Firm/Company	<del></del>
	40 SE 11th Avenue		
	·	Address	<del></del>
	Ocala, FL 34471		
		City/State and Zip Code	
	jon@meeplemovers.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Joyce Henry		352 732-7750	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for t	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)

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

(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 Company were filed on \_\_\_\_October 23, 2019 and assigned Florida document number \_ L19000265874 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEGENDARY GAME CAFE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida

### New Registered Agent's Signature, if changing Registered Agent:

LEDGENDARY GAME CAFE, LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inserted in	an the date of filing:
If the record specifies a d (b) The 90th day after ti	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne record is filed.
Dated November 7.	2019
<u> </u>	Signature of a momber or mathorized representative of a member
H. RANDOLPH	KLEIN

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00