

L20000015611

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : I2000000291
Phone : (407)847-7466
Fax Number : (407)847-6641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: taxes@sbc-cpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BECTON GAMES, LLC

Certificate of Status	0
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2021 AUG 17 PM 3:38

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 17 AM 10:59

FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Becton Games, 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 Company were filed on January 8, 2020 and assigned Florida document number L20000015611.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Skip Games, 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:

1101 Miranda Lane Ste 131

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, FL 34741

Enter new mailing address, if applicable:

1101 Miranda Lane Ste 131

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, FL 34741

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

City

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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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	John R. Becton	1101 Miranda Lane Ste 131	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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