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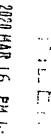
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SECRETARY OF STATE TALL AHASSEE FLORING



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
∠ FORTNI	TE MONEY MATCHES	LLC		
SUBJECT:				
•	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Shannon Stahlin			
	-	Name of Person		
	Direct Inc.			
	-	Firm/Company		
	315 W Huron Ste 240			
		Address		
	Ann Arbor, MI 48103			
	documents@directincorp.c	City/State and Zip Code om		
	E-mail address: (to be used for future annual r	eport notific	ration)
For further information co	oncerning this matter, please ca	all:		
Shannon Stahlin		877 28	1-6-196	
		at ()		Felephone Number
Name o	f Person	Area Code	Daytime 1	Felephone Number
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Ad		
Registration S			ition Secti n of Co rp o	
Division of C P.O. Box 632	•		itre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTNITE MONEY MATCHES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
Lucid Roses LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		 .
(Principal office address MUST BE A STREET ADDRESS)		
		74. 85.
		<u> </u>
		HAR AHAR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
)
B. If amending the registered agent and/or registered office a	address on our records, ente	er 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 addr	
	imer r tortaa sireet aaar	eao
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
		-	🗆 Remove
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ective date, if other than the dat	e of filing:			(or	tional)	
n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot b			than 90 days a	iter tiling.) Pu	
cument's effective date on the Depar	tment of State's re	ecords.		- -		
ecord specifies a delayed effective da s filed.	te, but not an effe	ctive time, at	12:01 a.m. on	the earlier of:	(b) The 90	Ith day after the
March 10	2020	υ				
ted						
		5-5	~			
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