L20000150260

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PICK-UP WAIT MAIL
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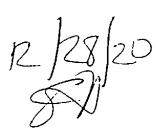
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SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jon Mercurio		
		Name of Person	
	Mercury Games DBA Bon	ita Bridge	
		Firm/Company	
	5902 Bermuda Lane		
		Address	· -
	Naples FL 34119		
		City/State and Zip Code	
	info@bonitabridge.org		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
	だれていれて Di Person	at (<u>575)</u> (650 Area Code Daytin	-6260 ne 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Mercury Games LLC				
(Name of the Limited Liability Compa (A Florida Limited	ony as it now appears on our records Liability Company)	<u>.</u>)		
he Articles of Organization for this Limited Liability Company were filed on 6/2/2020 and as				
Florida document number L20000150260				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.		
Enter new principal offices address, if applicable:	28400 Bonita Croosings Blvd Unit 2			
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34145			
		202		
Enter new mailing address, if applicable:	5902 Bermuda Lane	7. 7. 7. 7. 7.		
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34119	23 =		
		ु न		
				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he пате of the new r		
Name of New Registered Agent:				
		-		
New Registered Office Address:	Enter Florida street address			
	, Flo	rida		
	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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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Note: If the	date, if other than the date date is listed, the date must be date inserted in this blocks effective date on the Department	c does not meet the	applicable stati	filing or more than 90 story filing requirem	_ (optional) days after filing.) ents. this date v	Pursuant to 605 will not be list
If the record sp record is filed.	ecifies a delayed effective d	late, but not an effec	ctive time, at 12	:01 a.m. on the earl	er of: (b) The	e 90th day afte

Typed or printed name of signee