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COVER LETTER

TO: Registration Se Division of Cor			
endiect.	Action Area	ade of Florida, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Gene Myers	
		Name of Person	
		Action Arcade of Florida	
	****	Firm/Company	
	2023 APR 24 SECRETATE TALL ATE		
		St. Petersburg, FL 33709	721
		City/State and Zip Code	
		scott.alexlaw@gmail.com	ျားက သိုင် ကြားက
	E-mail address;	(to be used for future annual report notif	ication)
For further information of	oncerning this matter, please e	eall:	(**)
Scott M. Alex	xander. Esq.	727 807-7414	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Addres		Street Address:	
Registration ! Division of C		Registration Sec	
P.O. Box 632		Division of Corp The Centre of T	
Tallahassee,			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our records. d Liability Company))
ny were filed on June 8, 2020	and assigned
ability company here:	
bility Company," the designation "LLC"	or the abbreviation "L.L.C."
N/A	
	P1 24
N/A	
	716 50 1-3 716 0
e address on our records, <u>enter t</u> l	he name of the new registered
. Flor	3.4
	ability company here: ability Company," the designation "LLC" N/A N/A Enter Florida street address

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>	Address	Type of Action
AMBR	Florida Benevolence Society Inc	1010 Central Avenue	□Add
		#401 	■Remove
		St. Petersburg, FL 33705	□Change
MGR	Rajan Patel	6541 54 Avenue N	■Add
		St. Petersburg, FL 33709	□Remove
			□Change
			DAdd SE 203 TALL Remove
			□ Change
			-
			□Change
			□Add
			Remove
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ctive date, i	if other than	the date of	filing: _				(opti	onal)	
<u>e:</u> If the date	is listed, the date inserted in th	is block does	not mee	t the applica	o date of filin ble statutory	g or more that I filing requ	n 90 days after irements, thi	filing.) Purs s date will (uant to 605.02 not be listed
ment's effec	ctive date on th	ne Departmen	t of State	e's records.					
and specities	s a delayed effe	porive date. be	ii nyst an	affaction tir	no at 12:01	um antha	anding of the	A. The OOE	h dag aftar ti
filed.	a demyed en	cure date, or	it not an	checuve iii	ne. at 12.01	a.m. on mc	carner or. (c	ij the vot	ii day aitei ii
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Filing Fee: \$25.00