<u>L20000285057</u>

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



400354679074

11/04/20--01002--004 **25.00

RECEIVED

1020 NOV -3 PM 4: 05

DIVISION CAPPERATION

DIVISION CAPPERATION

FILED
2020 KOV -3 AM 8:55

CORPORATE

When you need ACCESS to the world

ACCESS, ____

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

| | | W | VALK IN | | |
|-----------------|--------------------------|----------|------------|--------------|---|
| | PIC | K UP: | 11/03/2020 | | |
| | CERTIFIED COPY | | | | |
| ж | РНОТОСОРУ | | | | |
| | CUS | | | | |
| хх | FILING | LLC | Amendment | | |
| • - | TINKERLINGAMING I | | | | |
| • - | (CORPORATE NAME AND DOCU | JMENT #) | | | · |
| • _ | (CORPORATE NAME AND DOCU | MENT #) | | | |
| _ | (CORPORATE NAME AND DOCU | MENT #) | | | |
| _ | (CORPORATE NAME AND DOCU | MENT #) | | - | |
| _ | (CORPORATE NAME AND DOCU | MENT #) | | | |
| PECIAL STRUC | CTIONS: | | | | |
| | | | | | |

COVER LETTER

| TO; | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|---|---|---|
| SUBJI | ECT: Tin | Kerlinga. Ming | 266 | |
| | 4-33- | Name of Lim | nited Liability Company | |
| | | | | |
| The en | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | | | |
| | | <i>H</i> 1 | Name of Person | |
| | | | Name of Person | |
| | | Tinken | V Firm/Corpany | |
| | | | Firm/Company | |
| | | 6804 Ch | erry Grove Cir | |
| | | | Address | |
| | | Da | landa El BAROS | ; |
| | | | City/State and Zip Code | <u> </u> |
| | | Trake | City/State and Zip Code (Er 1/1/19 MC 5 (a) (3/19/4) to be used for future annual report notifi | ilcom |
| | | | | cation) |
| For fur | ther information co | neerning this matter, please co | all: | |
| | Hecza Pa | 5,9 17 | at (<u>457</u>) <u>535</u> Area Code Daytime | - 3346 |
| | Namelof | Person | Area Code Daytime | Telephone Number |
| | | | | |
| Enclos | ed is a check for th | e following amount: | | |
| □ \$ 2. | 5.00 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 (A Florida | Y Company as it now appears on our | records.) |
|--|---|------------------------------------|
| The Articles of Organization for this Limited Liability Co. Florida document number L2000385057 | | , |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted 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 ADDR. | ESS) | |
| | | 2020 HC |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | 7 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | ω |
| | | 原。 是 M |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | cords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street o | address |
| | · · · · · · · · · · · · · · · · · · · | _, Florida |
| | 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 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

| Title | Name | Address | Type of Action |
|-------------|-------------|--|-------------------|
| MBR_ | Hecza Papan | 6804 Cherry Grave Cir Orlando, FL 38809 | Add |
| | | | ☐ Remove |
| | | | El Change |
| | | | |
| | | | □ Remove |
| | | <u></u> | Change |
| | | حدل ۲۰۰۱ - در | Change NOV Add |
| | | | Remble So Change |
| | | | |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | *************************************** | □ Add |
| | | | Remove |
| | | | Change |

| | ************************************** |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 202 |
| | 2020 NOV |
| | ω [|
| | my A In |
| | |
| | <u>ी अं</u> |
| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records. | (optional) g or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste |
| record specifies a delayed effective date, but not an effecti The 90th day after the record is filed. | ive time, at 12:01 a.m. on the earlie |
| red November 3rd . 2020. | |
| | |
| Signature of member or authorized represent | |

Page 3 of 3

Filing Fee: \$25.00