K20000313683

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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U8/23/21--U104U--U02 **3U.U0



COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | |
|-----------------|--------------------------------------|---|---|---|--|--|--|
| | | I GOT WHATCHA NEED GAMING, LLC | | | | | |
| SUBJEC | ,I: | Name of Limi | ted Liability Company | | | | |
| The encl | osed Articles of A | Amendment and fee(s) are subt | mitted for filing. | | | | |
| Please re | turn all correspor | ndence concerning this matter t | to the following: | | | | |
| | | JOSHUA ACEVEDO | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 3263 BREWSTER DR | | | | | |
| | | | Address | | | | |
| | | KISSIMMEE, FL 34743 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | HEROESQUESTCFL@GM | | | | | |
| | | E-mail address: (t | o be used for future annual report notif | ication) | | | |
| For furth | er information co | oncerning this matter, please ca | all: | | | | |
| DESIRE | E VILLAMONT | TE | 786 546-3033 | | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | | |
| Enclosed | I is a check for th | e following amount: | | | | | |
| □ \$ 25. | 00 Filing Fee | S30.00 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 S | | Street Address: Registration Sec | ction | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LGOT WHATCHA NEED GAMING, LLC | | |
|---|---|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our recor Liability Company) | <u>(ds.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000313683</u> . | were filed on October 05, 2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Heroes Quest Cards & Collectibles, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3263 Brewster Dr | ≈a |
| (Principal office address MUST BE A STREET ADDRESS) | Kissimmee, fl 34743 | |
| | | 300 |
| | <u> </u> | 23 |
| Enter new mailing address, if applicable: | | . <u>P</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Mulling unders WAT BE AT OST OFFICE BOAT | | 17 |
| | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | | Torida |
| | 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 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 |
|--------------|-------------|-------------|------------------------------------|
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| s filed. | | | | | <u>-</u> | |
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| ective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stiled. | | | | : | | |
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