120000370611

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS

DEC 13 30%



200377018832

12/01/21--01009--007 **25.00

2021 DEC -1 PN 1:40

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: PL	AY YOUR Name of Limi	GAME ited Liability Company	RIVER	CITYuc
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
_	Aaron Bo	Name of Person		<u>.</u>
	PLAY YOUR G	AME rive city Firm/Company		
_	₱ 12602 0	Country Charn Address	n LN N	<u> </u>
	Jackson ville FL	•		·
<u>.A</u> 1	BHOYQ 23 Q 9 mail E-mail address: (t	o be used for future annua	al report notification)	
For further information concern	ning this matter, please ca	all:		
Aaron Bown Name of Perso	n	at (<u>904</u>) Area Code	303-8592 Daytime Teleph	ione Number
Enclosed is a check for the follo	owing amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	n		Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ME VIVER CITY LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>420000370611</u> .	were filed on Jan 07, 202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12602 Country Charm LN
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32225
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14333 Beach BLVD Suite 33 Jacksonville, FL 32250
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	Sowen 22
New Registered Office Address: 14333	Beach BLVD Suite 33 Enter Florida street address
Jackso	m ville Florida 3 2 5 5 Code
New Registered Agent's Signature, if changing Registered Agent:	ATE 9
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	· · · · · · · · · · · · · · · · · · ·

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.

Thanging Replaced 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
AP	Aaron Bowen	14333 Beach BIVD	□Add
		Jackson ville, FL 32250	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Just to Clarify I will like to Change the current Mailing
	Address from 14353 Beach BLUD to 12602 country charm address.
	Also Change the FEI Number to 87-3231722. The 19st
	thing will be to Change the Authorized Person from
	Tony Bowen to Aaron T. Bowen. Move Fony to the
	Resistered agant.
ote:	tive date, if other than the date of filing:
	ord 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 filed.
atec	1 11/29/
	Lands
	Signature of a member or authorized representative of a member