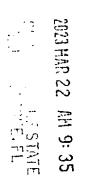
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| (Re | questor's Name) | | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
|--|--|--|---|
| | NRUSH ARCADE LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | YORANY SARMIENTO | RODRIGUEZ | |
| | | Name of Person | |
| | | Firm/Company | |
| | 9351 CYPRESS LAKE D | | 2023 H |
| | | Address | Aħ 22 |
| | FORT MYERS FLORIDA | 33919 | |
| | • | City/State and Zip Code | |
| | Yoedany: E-mail address: (| to be used for future annual report notification) | /// 9: 35 |
| For further information | concerning this matter, please c | all: | |
| YORANY SARMIENT | O RODRIGUEZ | at() 237 265 | 11-04 |
| Name of Person | | Area Code Daytime Telephone Nu | |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | 00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed) |
| Mailing Addre Registration Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303 | ite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOLDENRUSH ARCADE LL | C | | | |
|---|---|--|------------------------|-------------|
| (Name of the Lin | nited Liability Company as it n (A Florida Limited Liability C | ow appears on our records. Company) |) | |
| The Articles of Organization for this Limited Florida document number <u>L21000086022</u> | Liability Company were fil | ed on 02/19/2021 | and as | signed |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liability con | npany here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability Comp | any," the designation "LLC" | or the abbreviation "L | .L.C." |
| Enter new principal offices address, if appl | icable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 123 1- 154 | |
| | | | <u></u> | |
| | | | 22 | îma 1 |
| Enter new mailing address, if applicable: | | | | : 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u>ာက်</u> ကိုသည် | |
| | | | - T 35 | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address ess here: | on our records, <u>enter th</u> | ne name of the ne | w registere |
| Name of New Registered Agent: | YORANY SARMIENT | | | |
| New Registered Office Address: | 9351 CYPRESS LAKE | DRIVE | | |
| | | Enter Florida street address | | L.C." |
| | FORT MYERS | , Flor | ida <u>33919</u> | |
| | City | · | Zin 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 |
|--------------|---------------------|---------------------------|---|
| MGR | SAIED RAZOUK | 9351 CYPRESS LAKE DRIVE | |
| | | FORT MYERS FLORIDA 33919 | =Remove |
| | | - | □Change |
| MGR | YORANY S. RODRIGUEZ | 9351 CYPRESS LAKE DRIVE | = Add |
| | | FORT MYERS, FLORIDA 33919 | □Remove |
| | | | □Change |
| | | | □ Add 233 □ Remove □ 220 □ Change □ 120 |
| | | | S S S S S S S S S S S S S S S S S S S |
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| ffective date, if oth an effective date is listed lote: If the date inser ocument's effective d | tea in this block doe | es not meet the appi | icable statutory f | or more than 90 da filing requiremen | (optional) ys after tiling. its, this date |) Pursuar will not | nt to 605. be liste | .020° ed as |
| record specifies a del Lis filed. | ayed effective date, l | but not an effective | time, at 12:01 a. | .m. on the earlier | of: (b) The | e 90th d | ay after | the |
| Manager | | | | | | | 2023 | |
| ated MARCH 14 | | 2023 | · | | | | 2023 HAR | |
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| | Signatu | re of a member or aut | horized representa | ntive of a member | _ | ::= : | Hill : | i |
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| VODANIV | SARMIENTO ROD | DICLIEZ | | | - | | ۻ | ₹. |

Filing Fee: \$25.00