L21000111390

(Requestor's Name) (Address)	000363982790		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL			
(Business Entity Name) (Document Number)	04/16/2101011007 **30.00		
Certified Copies Certificates of Status Special Instructions to Filing Officer:			
	1011 1PR 16 A 10:5		
Office Use Only	29 50 50		

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Game Over	7 LLC
Name of	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Brittar	Y R. Evans Name of Person
	Firm/Company
8171 NE	1174h DI
8111 110	Address
Bronso	n. FL 32621
Aleigha	City/State and Zip Code City/State and Zip Code
For further information concerning this matter, plea	ise call:
Brittany R. Evar	S at 352, 949-3572
Name of Person .	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

Oune Urer Lil
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3/08/2021 and assigned Florida document number L2100011/390.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or address on our records, enter the name of the new registered agent and/or address on our records.
agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Britany R. Evans 8171 NE 117th Pl Enter Florida street address City Florida Britany R. Evans 8171 NE 117th Pl Enter Florida street address Enter Florida Elip 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
mg R	Williams, Andrea M.	8171 NE 1174 PI	□ Add
		8171 NE 1174 Pl Branson, FL 32621	Remove
			Change
mer	Williams, Andreas	8171 NE 11747 Bronson, FL 33631	🗆 Add
		Bronson, FL 33631	Remove
			□Change
mer	The Evans, Brittan	ny R.	X Add
		NY R. 8171 NE 11742 PL	□Remove
		Bronson, FL 326	∑) □Change
			□Add
			Remove
			□Change
			Ø B □ Add B □ I
		· A	□Remove
			[I]Cfange
			□Add
			□Remove
			🗆 Change

	-	····	·		
		 			
	·	·	<u>.</u>		
			<u> </u>		
				<u></u>	
***					••
					
				·· - · - · · · · · · · · · · · · · · · · ·	•

				· · · · · · · · · · · · · · · · · · ·	····
ective date, if other than t				(optional)
effective date is listed, the date is: If the date inserted in this	s block does not	meet the applicable s	tatutory filing requir	ements, this date	g.) Pursuant to 605.02 will not be listed a
ument's effective date on the	e Department of	State's records.			
cord specifies a delayed effect filed.	ctive date, but no	ot an effective time, a	12:01 a.m. on the c	earlier of: (b) T	he 90th day after th
A A	\L			^	, Co
ed Upril 10	<u> </u>	2021		1021	
Bruta	yy gnature of a	Crano	representative of a me	APR	
	X gnature of a	member or authorized	representative of a mer	HIQUI	177

ठ

Detail by Entity Name

Florida Limited Liability Company

GAME OVER, LLC

Eiling Information

Document Number

L21000111390

FEI/EIN Number

NONE

Date Filed

03/08/2021

Effective Date

03/08/2021

State

FL

Status

ACTIVE

Principal Address

8171 NE 117TH PL BRONSON, FL 32621

Mailing Address

8171 NE 117TH PL BRONSON, FL 32621

Registered Agent Name & Address

WILLIAMS, ANDREA M

8374 SOUTH TAMIAMI TRAIL

SABASOTA, FL 34238

Authorized Person(s) Detail

Name & Address

Title MGR

WILLIAMS, AMDREA M 8171 NE 117TH PL BRONSON, FL 32621

Title MGR

WILLIAMS, ANDREAS 8171 NE 177TH PL BRONSON, FL 32621

Annual Reports

No Annual Reports Filed

Document Images

03/08/2021 - Florida Limited Liability

View image in PDF format

and the second s