## L21000175198

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: PLAYER O	ONE GAMING, LLC  Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Hanley		
		Name of Person	<del></del>
	PLAYER ONE GAMING	LIC	
		Firm/Company	
	4004 West Sailboat Drive		
	<del></del>	Address	
	Cooper City		<b>,</b> *
	<del></del>	City/State and Zip Code	
	soflo.player1@gmail.com		
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	concerning this matter, please c	all:	
Joseph Hanley		954 8214351	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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	Street Address: Registration Sect	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	
Tallahassee.			Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYER ONE GAMING, LLC (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 8:00am, April 15th, 2021 and assigned Florida document number L21000175198 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 "LLC." 1447 Lyons Road, Coconut Creek, FL, 33063 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: ç (Mailing address MAY BE A POST OFFICE BOX) C:1 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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	late of filing:		(optional)	
ective date, if other than the d	? <del></del>	ove tre dintra religibles a company con-	than 90 days after filing.)	Pursuant to 605,026 will not be listed a
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te: If the date inserted in this bloc	ck does not meet the appl partment of State's record date, but not an effective	licable statutory filing reds.  time, at 12:01 a.m. on t		90th day after th

Filing Fee: \$25.00