

L21 000244382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

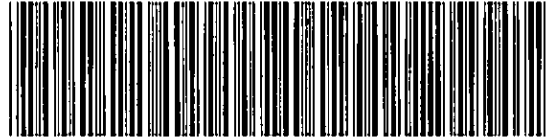
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9/23/21  
TM

Office Use Only



200368276482

21 AUG 12 PM 3:07



RECEIVED

2021 AUG 12 PM 4:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2021

GAME-ON SPORTS AND ENTERTAINMENT, LLC  
12001 AVALON LAKE DR STE C  
ORLANDO, FL 32828

SUBJECT: GAME-ON SPORTS AND ENTERTAINMENT, LLC  
Ref. Number: L21000244382

We have received your document for GAME-ON SPORTS AND ENTERTAINMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a OPERATING AGREEMENT ( WE DO NOT FILE), but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 521A00016699

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Game-On Sports and Entertainment LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Mireles  
Name of Person

Game-On  
Firm/Company

12001 ~~LAKE~~ AVACON LAKE DR Suite C  
Address

Orlando, FLORIDA 32828  
City/State and Zip Code

Proballcoache@gmail.com  
E-mail address: (to be used for future annual report notification)  
(Coach)

For further information concerning this matter, please call:

Benjamin Mireles at (386) 682-1972  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

*Our Payment Has ALREADY BEEN MADE + CASHED*

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**

FILED IN PUBLIC RECORDS

Game-On Sports and Entertainment LLC 21 AUG 12 PM 3:07  
(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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: 12001 Avalon Lake Dr  
Orlando Florida  
32828  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 12001 Avalon Lake Dr  
Orlando Florida  
32828  
(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 the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Benjamin Mirales	4732 Amer sham Ct Orlando, FL <del>32828</del> 32826	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Eric Schneider	1308 Bristol oaks Way Orlando, FL 32825	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	DAVID Flores	7126 KARDEN Way Orlando FL 32822	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Benson Schneider	2021 Colonial woods Blvd. Orlando FL 32826	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A member (DAVE Flores) needs to be (DAVID)

21 AUG 12 PM 3:07

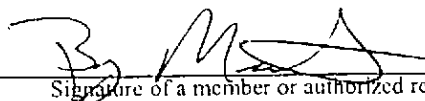
E. Effective date, if other than the date of filing: 8-15-21 (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Benjamin M. REYES

Typed or printed name of signee