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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT: ACTION	GAMEBUS LLC			
30D/LC1	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Boris L Pacheco			
		Name of Person		
		Firm/Company		2 (
	7629 SEASHORE DR			
	PORT RICHEY ,FL 34668	Address	AMA ASS	2021 JUN 28 PI SECRETARY OF
	infogoplayers@gmail.com	City/State and Zip Code	ند بن	PH 3: 12 OF STATE
For further information of	E-mail address: (t concerning this matter, please ca	o be used for future annual report notifi all:	cation)	H 72
Boris L Pacheco		786 263-1701		
Name (of Person		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)	Certified C	of Status &
Mailing Addres Registration	Section	Street Address: Registration Sect	ion	
Division of C P.O. Box 632		Division of Corp	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTION GAMEBUS LLC			
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited	Liability Company	were filed on	and assigned
Florida document number L21000244523	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
ACTION GAME BUS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation L.C."
Enter new principal offices address, if appli	icable:	7629 SEASHORE DR	
Principal office address MUST BE A STRE	cipal office address MUST BE A STREET ADDRESS)		23 N
	_	FL 34668	8 F
Enter new mailing address, if applicable:		7629 SEASHORE DR	TH 3: I
Mailing address MAY BE A POST OFFICE BOX		PORT RICHEY	m N
		FL 34668	
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:	BORIS LUIS P	ACHECO PLASENCIA	
New Registered Office Address:	7629 SEASHO	RE DR	
· 		Enter Florida street ad	ldress
	PORT RICHEY	,	. Florida ³⁴⁶⁶⁸
		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>	Address	Type of Action
AMBR	BORIS LUIS PACHECO PLASEN	7629 SEASHORE DR ,PORT RICHEY ,FL 34668	□Add
			□Remove
			DAChange
			🗆 Add
		SECRETAR TALLAH,	Remove JUN Change
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		w T	<u> </u>		ntative of a member		

Filing Fee: \$25.00