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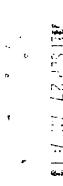
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Division of Cor			• •
subject: <u>F</u> Q	1 Guys Tre	L SLYVICL Lited Liability Company	IC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Kaysy	Anderson Name of Person	
	Fall Gui	4S TYPE SEV	vice LCC
	1602 Gove	YYOYS DY A	pt a711
	Pensacda	FL 32514 City/State and Zip Code	
	Fallguistvel	SEXVICE O ICLOV to be used for future annual report no	otification)
For further information co	oncerning this matter, please ea	all:	
Kaysy Ar	Person	at (<u>XX</u>) <u>985</u> Area Code Dayti	- &7 2 8 ime Telephone Number
Enclosed is a check for th	e following amount:		
12 \$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
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 ARTICLES OF ORGANIZATION 27 30 7:13

Fall Guys Ty	Company as it now appears on our records.)
(A Florida I	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{7/30}{300}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Non-Designated Asset Company of the control Designation	A

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 = Ma $AMBR = Au$	nnager ithorized Member	De de la maria	
<u>Title</u>	Name	Address 27 77 7:18	Type of Action
<u>AMB</u> R	Lane Anderson	8800 Pine Forest Rd #32x Pensacola FL 32534)S (trAdd
			□Remove
AMBR	Dylan Anderson	8800 Pine Forest Rd #3200 Pensacola FL 32534	<u>5</u> 157Add
			□Remove
			□Change
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ffective date,	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of	(optional)
fan effective date	is listed, the date must be specific and cannot be prior to date of a e inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0207
	ctive date on the Department of State's records.	nory ming requirements, this date with not be fisted as
ocament a enc	the date of the Department of State S (ecotto)	
•	s a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.		
~		
Dated SQ	ember 23. 2021.	
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	1/- 0.3 - 0 0 - 0 0.00	
	May sy Under	107
	Signature of a member or authorized repr	resentative of a member
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Filing Fee: \$25.00