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SUBJECT: Airsoft Arcade 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:	
Jessica Hall Name of Person	
Airsoft Arcade Firm/Company	
9761 Kline Rd.	
Jachsonville, FL. 32246 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tessica Hall at (904) S94-9880 Name of Person Area Code Daytime Telephone Number	<u>:</u>
Enclosed is a check for the following amount: Money order # 19-297734334	
□ \$25.00 Filing Fee	Status &
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Airsoft A	rcade, LLC			
(A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liabilit	J	st an, an	and ass	igned
Florida document number <u>L21000 3 740 74</u>	·•			
This amendment is submitted to amend the following	<u>y</u> ;			
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	on "LLC" or the al	obreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable:	- <u>-</u>			
(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 her		enter the nan	ne of the nev	v regis
	- '		F	72
Name of New Registered Agent:			-	<u>65</u>
Name of New Registered Agent.			·. ` -	
New Registered Office Address:			. , , s * · · · · · · · · · · · · · · · · · ·	
	Enter Florida stree	t address		⊒ r 333
		, Florida	<u> </u>	
	City		Zip Cöde	2

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 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 the 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Hall	9761 Kline Rd	DPAdd
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			□Remove
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			🗀 Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ord is filed.	on the earlier of: (b) The 90th day	afle
Dated August 25 . 2021. Signature of Amember or authorized representative	of a member	_

Filing Fee: \$25.00