## L21000410211

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Game Over	Retro Arcade LLC		
SUBJECT:	Name of Lim	ited 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:	
	Richard Perreta		
		Name of Person	
	Game Over Retro Arcade	LLC	
		Firm/Company	
	2565 West New Haven Av	Name of Limited Liability Company  and and fee(s) are submitted for filing.  Incerning this matter to the following:  Independent of Person  Over Retro Arcade LLC  Firm/Company  West New Haven Avenue  Address  Melbourne, FL 32904  City/State and Zip Code  10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	West Melbourne, FL 3290-	4	
		•	
	rj@gameoverbararcade.com		
For further information c	oncerning this matter, please co		reation
Richard Perreta			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			tion
Division of C			
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

FILED

Game Over Retro Arcade LLC

company has been notified in writing of this change.

2021 OCT 12 AM 6: 16

The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/16/2021}{1}$ Florida document number <u>L21000410211</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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

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
MGR	Richard Perreta	2565 West New Haven Avenue	
		West Melbourne, FL 32904	□Remove
			= Change
AMBR	Roberto Sanchez	2565 West New Haven Avenue	□Add
		West Melbourne, FL 32904	□Remove
			□Add
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an effective date is listed, the date must be s	specific and cannot be prior			
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reament's effective date on the Depart	ment of State's records.			
record engainer a delayed effective det	en hut mat an affactive si	12.01	!:6 (h) 71 - 00d -1	0 .1
record specifies a delayed effective dat is filed.	e, but not an effective ti	me, at 12:01 a.m. on the	e earner or: (b) The 90th d	ay after the
	2021			
October 5th				
ated October 5th	<u></u> ,	<del>_</del>		
ated	n			
ated	ature of a member or autho	orized representative of a r	nember	_