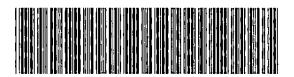
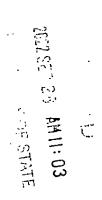
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

TO: Registration Se Division of Cor			•
VideoGame		:	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Taylor Moore		
		Name of Person	
	VideoGameTatts LLC		
		Firm/Company	
	8805 Tamiami Trail N. Box	x 378	
		Address	
	Naples, FL 34108		
		City/State and Zip Code	
	allisontaconet@gmail.com E-mail address: (1	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Taylor Moore		856 313-6532	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing-Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VideoGameTatts LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w		and assigned
Florida document number L21000415263		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
VideoGame Tatts LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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 acagent and/or the new registered office address here:	ldress on our records, <u>enter the na</u>	nme of the new registered
Name of New Registered Agent:		200 200 222
New Registered Office Address:	Enter Florida street address	22 755 755
	, Florida	0 0
	City	Zin 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 Jamiliar 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 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>	Name	Address	Type of Action
	One Ink Seven LLC	8805 Tamiami Trail N. Box 378, Naples, FL 34108	□Add
			■Remove
			Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

New m	ember owners	hip is 80% Si	lk House LLC	and 20% TN	MDG Investm	ents LLC.		
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			9/9/	122				
effective o	late is listed, the date inserted	in this block d	e of filing: pecific and canno	t be prior to c	late of filing or e statutory fili	more than 90 ng requiren	(optional days after filing tents, this date) g.) Pursuant to 605.0 e will not be listed
cord spec filed.	ifies a delayec	l effective dat	e, but not an eff	ective time	, at 12:01 a.m	. on the earl	ier of: (b) T	he 90th day after
ed <u>9/9/22</u>								
			Jank	\mathcal{M}_0	ed representativ			