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COVER LETTER

Division of Corporations
SUBJECT: GAME FACE Frenchies, 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:
Carmen Rivera
CAME FACE Frenchies, LLC Pirm/Company
2017 1/2 S. Erange Aue
City/State and Zip Code City/State and Zip Code Grenchies & great com Grand address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmen Rivera at 407 474-9348 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

GAME Face Frence	lies LLC ompany as it now appears on our record ited Liability Company)	2022 AUG 11 PM 3: 24
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 21000 Y46 70</u>	nany were filed on 10 13	and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.)		"or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2015 S.	Orange Aug -(, 3)706
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
	~ ***	, - -

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 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 Type of Action **Title** Name MGR ____ Change MGR Sirai Rodriquez **⊡**Change □Add □Remove □Change _ 🗆 Add □Remove ___ DChange □Remove □Change □Add _____ □Remove

_____ Change

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Effective (date, if other than the date of filing: 7/15/2022 (optional)
At Committee in	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document'	's effective date on the Department of State's records.
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
D-1.1	July 15) 2022.
Dated	
Dated	
Dated	Signature of a member of authorized representative of a member