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SECRETARY OF STATE
TALLADASSEE

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SUBJECT:	74	E BREAD		nited Liability	LLC Company					
The enclosed	Articles of Ar	nendment and	fee(s) are sub	mitted for fi	ling.					
Please return	all correspond	ence concernir	ig this matter	to the follow	ving:					
			JOHN 1	HUTCHERS Name	SON(of Person					
			THE BRO	Eno Wir Firm/	いいさ配う <u>((</u> Company	ررد				
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For further in	formation con-	cerning this ma				•	·	L A	26	
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Enclosed is a	check for the	following amo	unt:							
☑ \$25.00 Fi		□ \$30.00 Fili		Certi	O Filing Fee & fied Copy formal copy is encl		Ce Ce	0.00 Filing F entificate of S entified Copy Iditional copy is	Status &	
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P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BREAD WINN	ers LL	درد		<u></u>
(<u>Name of the Limited Liability</u> (A Florida	y Company as it no Limited Liability Co	w appears on our r ompany)	r <u>ecords.</u>)	
ne Articles of Organization for this Limited Liability Co	ompany were file	d on <u>Nov 15</u>	5, 2021	_ and assigned
orida document number <u>L21000490342</u>	<u>~</u> ·			
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limit	ted liability com	pany here:		
BREAD WINNER SLOTS	LLC			
e new name must be distinguishable and contain the words "Limit	ted Liability Compar	ny," the designation	"LLC" or the abbreردا	viation "L.L.C."
nter new principal offices address, if applicable:			<u> </u>	2
rincipal office address MUST BE A STREET ADDR	<u>ESS)</u>		P-U	27 came
	<u></u>			+
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nter new mailing address, if applicable:			ESTA FINANCE FOR THE PROPERTY OF THE PROPERTY	<u>ب</u>
Mailing address MAY BE A POST OFFICE BOX)			m m	26
				
. If amending the registered agent and/or registered	office address o	on our records, <u>c</u>	enter the name o	of the new regis
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	ı	Enter Florida street	address	
			_, Florida	
	City			Zip 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 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 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>	<u>Address</u>	Type of Action
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Signature of a member or authorized representation	ntative of a member			_