## 122000041459

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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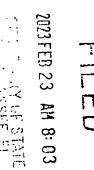
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# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, February 10, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For: RABBIT GAMING, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

### Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

### COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: RABBIT GA	MING LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing	
Please return all corresponde	nce concerning this matter to	o the following:	
	Corpora	ate Maintenance Lea	ad
		Name of Person	
	Proce	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (6	o be used for future annual report notifi	ication)
For further information con	cerning this matter, please ca		
Processir Name of P	ng Department	at (800 ) 638-2320 Area Code Daytime	: Telephone Number
,,			
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Cultilion.	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURI	
Registrat	ion Section	Registration Section	.n <u>.</u>

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GAMING, LLC	
(Name of the Limited Liability Co	риряду <b>as it пом врреят</b> оп онг го ited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/04/22	and assigned
Florida document number L22000061459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
P4 G	roup, LLC	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
<del></del> =:		2077
		FEB 7
Enter new mailing address, if applicable:		N - N
(Mailing address MAY BE A POST OFFICE BOX)		FEB 23 AM
		SEP. 7
		S 8: 0
B. If amending the registered agent and/or registered	d office address on our rec	ords, 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:	<u></u> -	
	Enter Florida street a	ddress
		, 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 Changing Registered Agent, Signature of New Registered Agent

it 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
			Remove
			Change
<del></del>			Add
			Remove
			Change
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			☐ Change
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			☐ Change
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			☐ Remove

). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<b>514</b>
Note	tive date, if other than the date of filing: N/A (optional)  (flective 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 605.0207 in If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
f the re b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of good part of the record is filed.
Dates	2/9/2023  Legalore of a member of a member
•	Panagiotis Lagogiannis  Typed or printed name of signe:

Page 3 of 3

Filing Fee: \$25.00