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PICK-UP WAIT MAIL
(Business Entity Name)
(4-5
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

Pastime Ba SUBJECT:	rcade 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:			
	Jenny C.				
		Name of Person			
	ZenBusiness Inc.				
		Firm/Company			
	336 E College Ave, Ste 30	01			
Address					
	Tallahassee, FL 32301				
		City/State and Zip Code			
	E-mail address; (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c				
Jenny C.		844 493-6249 at ()			
Name of Person Area Code			ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee,	e Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears on our recorda Limited Liability Company)	<u>-ds.</u>)
(A Floric	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/19/2022	and assigned
Florida document number 1.22000187636	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Pastime Arcade & Bar LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		r the name of the new regist
igent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Ftorida street addr	PNS
		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>	Name	Address	Type of Action
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			□Remove
			□Change
			□ Add
		<u> </u>	□Remove
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ote: If t	the date inserte	r than the date the date must be s ed in this block of te on the Depart	loes not meet	the applicab	date of filing o	r more than 90 da ling requiremer	(optional) ys after filing.) P its, this date wi	ursuant to 605,020 Il not be fisted as
record sp I is filed.	pecifies a delay	yed effective date	e, but not an	effective tim	e, at 12:01 a.i	n, on the earlier	of: (b) The S	0th day after the
ated	y 19			2022	. ·			
	/s/ Chelse	v Walker				ive of a member		
		Signa	ature of a mem	iber or authori	zed representat	ive of a member		