## 22000226025

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SUBJECT:	STRONGHOLD GAMING, LLC					
SOBSECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	ı all correspo	ondence concerning this matter	to the following:			
		WILLIAM SCHUYLER I	BOULWARE			
			Name of Person			
		STRONGHOLD GAMING	G, LLC			
			Firm Company			
		5133 LIDO ST				
			Address	· <del>-</del>		
		ORLANDO, FLORIDA 3.	2807			
		City/State and Zip Code				
		MANU@STRONGHOLDO	GAMING.NET			
		E-mail address: (	to be used for future annual report r	olification)		
For further is	nformation c	oncerning this matter, please ca	all:			
WILLIAM	SCHUYLER	BOULWARE	318 525-5306			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 I	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 (additional copy is enclosed)		
Re Di P.(	ding Addressistation Society of Control of C	Section Corporations 17	Street Address: Registration : Division of C The Centre o 2415 N. Mon	Section Corporations		

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRONGHOLD GAMING, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{\text{MAY}}$  13, 2022 and assigned Florida document number L22000226025 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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: Enter Florida street address

## 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	W. SCHUYLER BOULWARE	5133 LIDO ST	<b>≣</b> Add
		ORLANDO, FLORIDA 32807	□Remove
			□Change
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Note:	we date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	NOVEMBER 14 2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	TIMOTHY HAHN
	Typed or printed name of signee

. . . .