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JUNISTON OF CONFUNATION

COVER LETTER

TO: Registration Se Division of Cor			• • • •	
ZiriGaming		,		
SUBJECT:		ited Liabitity Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jason Burgin			
		Name of Person		
	ZiriGaming LLC			
		Firm/Company		22,
	1140 Pomelo St			AUG
		Address		15
	Davenport, FL 33837			PH
		City/State and Zip Code		3: 27
	ziri@zirigaming.com			7
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Jason Burgin		407 495-2401 at ()		
Name o	f Person		e 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 Fe Certificate of St Certified Copy (additional copy is c	atus &
Mailing Addres	—	Street Address:		
Registration Section Division of Corporations		Registration Se		
P.O. Box 632		Division of Cor The Centre of T	-	
Tallahassee, I			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZiriGaming LLC				
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records Liability Company)	J		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000300375</u> .	were filed on July 5, 2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1140 Pomelo St	23		
Principal office address MUST BE A STREET ADDRESS)	Davenport, FL 33837	A 555 55.		
		က် နေ့ - 9 59-		
	1140 Pomelo St	6 PM		
Enter new mailing address, if applicable:		<u>မှ မှိုး</u>		
Mailing address MAY BE A POST OFFICE BOX)	Davenport, FL 33837	27 **		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registe		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and '.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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			Remove
			Change
			□Add
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				27	
ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this block bournent's effective date on the Dep	e specific and cannot be p ik does not meet the ap	rior to date of filin plicable statutor	g or more than 90 day	(optional) s after filing.) Pursuant to (ts, this date will not be l	505.020 isted a
record specifies a delayed of The 90th day after the recor	effective date, but d is filed.	not an effect	live time, at 12	01 a.m. on the ea	rlier (
ited	2022	<u></u> .			
<u> </u>	gnature of a member or a	uthorized represen	tative of a member		

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Filing Fee: \$25.00