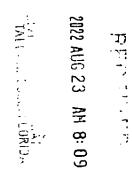
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	o Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
DIMENS	IONLESS GAMES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The appleant Amigles	of A mandaged and Ford Name with	omitted A. Con Cilina	
The enclosed Afficies (	of Amendment and fee(s) are sub	anitied for fitting.	
Please return all corres	pondence concerning this matter	to the following:	
	Terrence Thomas		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	DIMENSIONLESS GAM	ES LLC	
	- ***	Firm/Company	
	11464 Citra Circle Apt 204	4	
		Address	
	Windermere / FL / 34786		
		City/State and Zip Code	
	tkbthomas2192@gmail.con E-mail address: (	1 to be used for future annual report not	ufication)
For further information	concerning this matter, please c		
Terrence Thomas		407 697-7175	
Name	of Person		ne 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 (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
<del></del>	Corporations	Division of Co	
P.O. Box 63	327	The Centre of	Tallahassee
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 23 AH 8: 23

DIMENSIONLESS GAMES LLC	
(Name of the Lim	(A Florida Limited Liability Company)
The Articles of Organization for this Limited I Florida document number 1.22000337595	
This amendment is submitted to amend the fol	
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STREE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(BOX)
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, enter the name of the new registered ess here:
Name of New Registered Agent:	Terrence Thomas
New Registered Office Address:	11454 Cites Cited Aut 204 Enter Florida street address
	1// / 247 <b>7</b> h

## 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Terrence Thomas	11464 Citra Circle Apt 204, 34786, Windermere, FL	<b>=</b> Add
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ian eff <mark>vote:</mark>	(optional) Exercise 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor I is fi	d 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 led.
ated	Signature of a member or authorized representative of a member
	- Carrier Landson Land
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00