122000525478

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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		nger Story LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
'lease re	turn all correspo	ondence concerning this matter	to the following:		
		Paul Frase			
		· <u>···</u> ·····	Name of Person	<u> </u>	-
		Game CHanger Story LLC			2022 EEC
			Firm/Company		
		212 E St			. 9
			Address		— <u>.:</u>
		Saint AUgustine, FL 3208)		ា ភ្ល
			City/State and Zip Code		_
		paultrase91@gmail.com	to be used for future annual report noti		
for furth	er information c	oncerning this matter, please of		ncation)	
Paul Fras		с .	904 219-9762		
		f Person	at () Area Code Daytim	e Telephone Numb	er
Inclosed	is a check for th	he following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certifie	Filing Fee. cate of Status & cd Copy al copy is enclosed)
	Mailing Addres		<u>Street Address:</u> Rouistration So		
	Registration 5 Division of C		Registration Sec Division of Cor		
	P.O. Box 632	.7	The Centre of T	allahassee	010
	Tallahassee, I	F1, 32314	2415 N. Monro Tallahassee, FL		810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Game Changer Story LLC		
(<u>Name of the Limited I</u> (A F	liability Company as it now appears on our records.) Florida Limited Liability Company)	·
The Articles of Organization for this Limited Liabil Florida document number <u>L22000525478</u>	lity Company were filed on 12/14/2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e 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	e:	······································
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>۷</u>	19
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ime of the new-registered سند سند
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

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	-	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	Paul Frase	212 E St Snint Augusitne FL 32080	
			🗆 Remove
			🗋 Change
			Remove
<u>-</u>			∽ ⊡∆dd
			□Change
		······································	🗆 Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	2022 021
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tive date, if other than the date of filing:	(optional)

(If an effective 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 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 16	2022	
	Je ih Twin	
	Signature of a member or authorized representative of a member	<u> </u>
Paul Frase	,	

Typed or printed name of signee

Filing Fee: \$25.00