L23000026297

(F	Requestor's Name)	
	····	
(A	Address)	
	Address)	
(1	(30,033)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u></u>	Name of Fath, Name N	
(#	Business Entity Name)	
(C	Occument Number)	
,	•	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
		i
		ı

Office Use Only



000408489620

15 PM 1: 04

05/15/23--0100S--010 **25.00

SECRETAL OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES,	INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this accoun	t: CHECK ATTACHED
Authorization Signature:	<u></u>
GAME CHANGER REFERRALS LLC	L23000026297
BUSINESS NAME DO	OCUMENT #
Copy of Articles of Incorporation	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Revocation of Dissolution Merger Articles of Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

TO: Registration Se Division of Cor		2 ()	
SUBJECT:	ane Chang	Ser Roterrals, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ Conniter	Name of Person	· · · · · · · · · · · · · · · · · · ·
	_ Game	Changer Firm Company	
	12274 5	an Jose Bluc Address	1 Ste. 420
	Jay	FL 3 22. City/State and Zip Code (a) Gamy Char to be used for future annual report note	} 3
	E-mail address: (0	CO GANG CHAV to be used for future annual report not	Igerrealty. Con
For further information c	oncerning this matter, please ca	all:	
Jennilor Name o	Henry Person	at (904) 708 Area Code Daytir	- 1839 ne Telephone N a mber
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	2023 F 1 15 PM 1: 04	
<u>Came C</u>	hunger Referrals LLC YOF STATE (A Florida Limited Liability Company) (A Florida Limited Liability Company)	
(Name of the	(A Florida Limited Liability Company)	
The Articles of Organization for this Limit	ed Liability Company were filed onand assigned	
Florida document number <u>L23000</u>	026297	
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nar	ne 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 ap	oplicable:	_
(Principal office address MUST BE A ST.	REET ADDRESS)	
		_
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF)		-
		_
B. If amending the registered agent and agent and/or the new registered office ac	or registered office address on our records, enter the name of the new regist ddress here:	ered
	$\overline{}$	
Name of New Registered Agent:	Jenniker Henry	_
New Registered Office Address:	12274 San Jose Bluck, Ste. 420 Enter Florida street address	-
	Jennifer Henry 12274 San Jose Blud, Ste. 420 Enter Florida street address Jacksanville, Florida 32223 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>	<u>Name</u>	Address	Type of Action
<u>mGR</u>	Melissa Cruz	78 Buttonworth Dr.	
		78 Buttonworth Dr. Palm Coast FL 32137	Remove
			Change
			□ ∧dd
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			[]Remove
			□Change
			□ Add
			Remove
			□Change

				·		
				·		
		, , ,				
	·	·				
					\tilde{\	775
 					S	
			.		SSE	PH 1: 04
					7	17 O
					•	m +
						
ffective date, if	other than the dai	te of filing:			(optional)	40.5 W.30
<u>lote:</u> If the date in	nserted in this block	does not meet the	e applicable statute	ing or more than 90 da ory-filing requiremer	ys after filing.) Purs nts, this date will	not be listed a
locument's effecti	ve date on the Depai	tment of State's	records.			
ragard enagifies n	delayed effective da	da hut na an alf	antiquations of 12:6	il a m. on the addison	ent (b) The OO	h day after the
i is filed.	delayed effective da	ne, our nor an em	ecuve ume, ac re.v	rt a.m. on the earner	. OI. (D) THE 901	n day arter the
/	/					
$D_{ated} = \frac{\mathcal{D}}{2}$	/23					
	1	nature of a member	or authorized repre-	entative of a member		
	\ / sig					

Filing Fee: \$25.00