L23000097582

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2023 HAR -9 AM II: 18

COVER LETTER

	ion Section of Corporations	n
	ure Cove Gaming LLC	
SUBJECT:	Name of Lir	mited Liability Company
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.
Please return all co	rrespondence concerning this matte	r to the following:
	Edward Wirsing	
		Name of Person
	<u> </u>	Firm/Company
	536 SW Cyrilla Trail	
		Address
	Port Saim Lucie, FL 3495	53
		City/State and Zip Code
	info@treasuretrovegames.	
For further informa	E-mail address: ation concerning this matter, please	(to be used for future annual report notification) call:
Edward Wirsing		772 403-3088
	Same of Person	Area Code Daytime Telephone Number
Enclosed is a check	s for the following amount:	
\$25.00 Filing l	Fee S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address: Pagistration Section
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box	x 6327	The Centre of Tallahassee
Tallahas	see. FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Ell ED

Treasure Cove Gaming LLC

2023 HAR -9 AH 11: 18

(Name of the Limited Liability Company as it now appears on our records) IARY OF STATE

(A Florida Limited Liability Company) IALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{2/23/2023}{2}$ Florida document number 1,23000097582 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Treasure Trove Games LLC 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 City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ ∧dd
			□Remove
			□ Change
			🗆 Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applie	able statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as
the record specifies a delayed) The 90th day after the reco		t an effective time, a	t 12:01 a.m. on the earlier of
Dated March 6th	2023	<u> </u>	
Eduard 4	Signature of a ruember or author	orized representative of a men	nber
Edward Wirsing		ed name of signee	

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Filing Fee: \$25.00