

SECOND REQUEST

OCT 20, 7:28 PM

Division of Corporations

H230003264353

L 23000158540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003264353))



H230003264353ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SACONSA GROUP LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAME OVER CA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

OCT 20 2023

H230003264353

COVER LETTER

H230003264353

TO: Registration Section
Division of Corporations

SUBJECT: GAME OVER CA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JESUS LEON
Name of Person
SACONSA GROUP LLC
Firm/Company
3625 NW 82 Avenue Suite 100-K
Address
DORAL, FL 33166
City/State and Zip Code
JESUSLEONTERAN@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON 786 7572436
Name of Person at (Area Code) Daytime 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)
- ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H230003264353

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H230003264353

GAME OVER CA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/29/2023 and assigned
Florida document number L23000158540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 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

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 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

H230003264353

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	URDANETA, LUIS E	19241 SAN CARLOS BLVD	<input type="checkbox"/> Add
		FORT MYERS BEACH	<input checked="" type="checkbox"/> Remove
		FL 33931	<input type="checkbox"/> Change
AMBR	Quintero de Sanchez, Kareinys .	19241 SAN CARLOS BLVD	<input checked="" type="checkbox"/> Add
		FORT MYERS BEACH	<input type="checkbox"/> Remove
		FL 33931	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

Note: 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.

Date: SEPTEMBER 12 2023

Signature of a member or authorized representative of a member:

ANDERSON A SANCHEZ CHACON

Typed or printed name of signer