## L23000278691

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Special Instructions to Filing Officer:	





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## **COVER LETTER**

ΓO: Registration Se Division of Cor		•	•
SUBJECT: La Fave Ga	aming LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandon La Fave		
		Name of Person	
	La Fave Gaming LLC	Firm/Company	
		rumcompany	
	1910 Gates Road	Address	
	Merritt Island, Florida, 32		
	Hieritt Island, Florida, 32	City/State and Zip Code	
	Lafaveman4471@yahoo.co	m to be used for future annual report notif	•
For further information c	oncerning this matter, please co	•	icanony
Brandon La Fave		at (303 ) 359-7893	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addrse		Straat Address.	

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

(Name of the Limited L	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 6-08-23	and assigned
lorida document number 1.23000278691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	620 Barnes Blyd. Rockledge, Florida	
Principal office address MUST BE A STREET ADDRESS)	Rockledge, Florida	)23
	32955	<u> </u>
		7
nter new mailing address, if applicable:	620 Barnes Blud. Rockledge, Florida	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Rockledge, Florida	δ.
	32955	27
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the nan	ne of the new regist
	, 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

<u>Title</u>	Name	Address	Type of Action
MGR	Brandon La Fave	1910 Gates Road, Merritt Island, FL, 32952	<b>=</b> Add
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			□Change
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to o	(optional)
te: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0 le statutory filing requirements, this date will not be listed
nument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time	s at 12:01 a.m. on the earlier of: (b). The 90th day after t
s filed.	
ed 7/10/23	

Filing Fee: \$25.00