Division of Corporations

6/25/24, 8:49 AM

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.

(((H24000218596 3)))



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 : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

: (323)389-0502 Fax Number

nter 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 $\stackrel{ extsf{white}}{=}$ AVERAGE BUILDINGS CASTLES AND DUNGEONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX 11 IN 2 C 2001



To: Rage 3 of 6 2024-06-25 08:52:53 CDT 15125973041 From; James Wiseman

COVER LETTER

TO:		stration Sc sion of Cor				
		AVERĀGI	EBUILDINGS CASTLES AND	D DUNGEONS LLC	\cdot	
SUBJE	ECT: .	Name of Limited Liability Company				
The en	closed	Articles of	Amendment and fee(s) are sub-	nitted for filling.		
Please	tetirn :	all correspo	vidence concerning this matter t	o the following:		
			Mike Town			
•				Name of Person		
	.,		Legalzoom.com, Inc.			
				Firm Company		
į			9900 Spectrum Dr			
				Address	,	
			Austin, TX 78717			
				City/State and Zip Code		
			brennan.macehus@gmail.co			
				be used for future annual report not	ufication)	
For fur	ther in	formation o	oncerning this matter, please ea	ł);		
Mike Town		800 773-0888 at () Area Code Daytime Telephone Number				
		Name o	l'Person	Area Code Daytin	ne Telephone Number	
ı .	,,					
Enclose	ed is a	check for th	ne following amount:			
□ \$2:	5,00 Fi	ling 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/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 3	on rations enter Circle			

Di"

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVERAGE BUILDINGS CASTLES AND DUNGEO	NS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Companyi		
The Articles of Organization for this Limited Liability Company Florida document number <u>123000420661</u> .	were filed on	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	icable: 917 N. 70th Ave. Pensacola, Florida, 32506		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	917 N. 70th Ave. Pensacola, Florida.	32506	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o		er the name of the no	
registered agent and/or the new registered office address her	<u>e</u> :	= II III 25	
Name of New Registered Agent:	×	10 m	
New Registered Office Address:	EnterFloridastreetaddress	2 5 D	
	. Florida	9	
;	Ciny:	ZipCode	

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

From James Wiseman

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
AMBR	Brennan Shane Maxwell		🗆 Add
			Remove
		917 N. 70th Ave. Pensacola, Florida, 32506	
· 			
			🗆 Remove
1	٠.		Change
	····		
			☐ Remove
			Change
			🗆 Add
			□ Remove
		***************************************	Change
•	0		🗆 Add
			☐ Remove
			Change
			🗆 Add
· ·			□ Remove
			☐ Change

Page 3 of 3

Filing Fee: \$25.00

To: