L23000432024

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300418350643

11/07/23--01026--008 **/**.00





COVER LETTER

TO:

Registration Section

Tallahassee, Fl. 32314

Division of Cor	rporations		
SUBJECT: LEGENE	DARY GAMES, LLC		
	Name of Limi	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:	
	Corpor	ata Maintananaa Laa	a d
	Corpora	ate Maintenance Lea	<u> </u>
	D		
	Proc	essing Department	······································
		Firm*Company	12
	1	450 Vassar St	•
	-	Address	
		Reno, NV 89502	· ->
		City/State and Zip Code	<u> </u>
	E-mail address: 0	to be used for future annual report notif	leation)
For further information c	concerning this matter, please co	ill:	
Process	ing Department	_{at (} 800 ₎ 638-2320	
Name c	of Person		Telephone Number
Unabound in a star 1 cm.			
Enclosed is a check for t			
☑ \$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)
	JNG ADDRESS: ration Section	STREET/COURT Registration Section	
Divisio	on of Corporations fox 6327	Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGENDARY	GAMES, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000432024	were filed on 09/18/23	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 t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8950 State Road 52 Ste CI	MT59
(Principal office address MUST BE A STREET ADDRESS)	Hudson, FL 34667	~ 3
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		1 -:
(Mailing address MAY BE A POST OFFICE BOX)		:
		्र ज
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>er</u> e:	iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	Zip Code
	C <i>ti</i> y	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. Thereby 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	Membe

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
 -			
			Remove
			Change
			
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			Fl Change

								
	-							
						,		
						 .		
	·			-				
		 .						
								~ 3
							. <u></u> _	
								<u> </u>
				····				. -
								···
								<u></u>
	<u> </u>							
		•		.				
Note: If the	e date insertec		peeme and et loes not mee	umor be prior to et the applicat		nore than 90 da		'ursuant to 605 020 ill not be listed a
		delayed eff the record		te, but not	an effective	time, at 12	:01 a.m. o	n the earlier o
Dated	Nov			2023	<u>.</u> ·			
		=	<i>a</i>	1.1)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ect: L <u>egeni</u>	DARY GAMES, LLC		
		Name of Lim	nted Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filmg.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Corpor	ate Maintenance Lea	ad
			Name of Person	
		Proc	essing Department	~>
			Firm Company)
		•	1450 Vassar St	• • • • • • • • • • • • • • • • • • • •
			Address	:
			Reno, NV 89502	<u>-</u> - ;
			City/State and Zip Code	
		F-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
	Process	ing Department	at (800) 638-2320	
		f Person		Telephone Number
Enclos	ed is a check for t	ie following amount:		
☑ \$2	5 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 Gaddational copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LĒGENDARY		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/18/23	_ and assigned
Torida document number L23000432024		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ality company here:	
),
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	8950 State Road 52 Ste CMT59	<u>:</u>
Principal office address MUST BE A STREET ADDRESS)	Hudson, FL 34667	1
		. .
		,
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BON		
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 	ffice address on our records, <u>enter th</u> <u>e</u> :	e name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	78
	Florida	
	Cuy	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. Thereby 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:

MCR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Change
			
			Remove
			Change
			: ↑ □ Add
			Remove
			□ Change
		Add	
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		-	
			□ Remove
			☐ Change

-	
	**
	.5
	:
	· ·
N/A	
Effective date, if other than the date of filing: N/A (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records	(optional) sin 90 days after filing) Pursuant to 605,02073 uirements, this date will not be listed as t
the record specifies a delayed effective date, but not an effective time) The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated NOV 2023	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00