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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Funfilment Games, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Travis Pinckney Name of Person	
Funfilment Games, LLC Firm/Company	
7901 4th Street N Suite 300 Address	
St. Peters burg F1 33702 City/State and Zip Code	
travis@ +9P vision. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Travis Pinckney at (904) 451-5147  Name of Person Area Code Daytime Telephone Number	_
Hance of Cason.	
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	Status & v

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

Funfilment Game	S, LLC	23 OCT 27	PH 3: 38
Funfilment Game (Name of the Limited Link) (A)  The Articles of Organization for this Limited Liabi	lability Company as it now apper lorida Limited Liability Company	ars on our records.)	
The Amieles of Occasionation for this Limited Links	lity Company wara filed on	9/25/2023	and assigned
		74574045	and assigned
Florida document number <u>L 23000 4434</u>	<u>04</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
Funfilment Games, LLC The new name must be distinguishable and contain the words			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	IDDRESS)		
	<del>-</del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
	<u>-</u>		
B. If amending the registered agent and/or regi		records, enter the n	ame of the new registered
agent and/or the new registered office address h	<u>iere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		Florida	Zip Code
-	Ciţy	<del></del>	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>	<u>Name</u>	Address	Type of Action
MGR	Travis Pinckney	7901 4th Street N	DATE
		Suite 300	□Remove
	Danis in the (TP)	St. Petersburg, F1 33702	□Change
MGR	Dominion, LLC (TP) TGP Generational Trust	7901 4th Street N	🗆 Add
		Suite 300	□ Remove
		St. Petersburg, F1 33072	□Change
			□Add
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n effective date is ote: If the date	f other than the dat s listed, the date must be s inserted in this block of tive date on the Depar	specific and cannot be does not meet the	applicable statutory	g or more than 90 days	p <b>tional)</b> after filing.) Pursuant to , this date will not be	605,0207 listed as
ecord specifies is filed.	a delayed effective da	te, but not an effec	ctive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	after the
ted Octol	per 27th	<u> </u>	<u>023</u> .			
	-/m	15	or authorized represen			_
	' <sup>-</sup> Sign	nature of a member (	or authorized represer	itative of a member		
			ey or printed name of sig			

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