Division of Corporations 3/3/25 0:01 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.

> > (((H25000080005 3)))



H250000800053ABCU

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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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 THE MUSE AMUSEMENT AND ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

Electronic Filing Menu

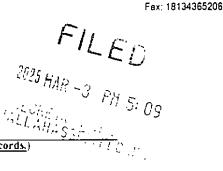
Corporate Filing Menu

Help

1/1

To: +18506176383 Page: 2/4

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



The Muse Amusement and Entertainment 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	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Blue Motion Games LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a	ddress on our records, enter t	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	···
	. Flo	rida Zip Code
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I have by account the complete and account and account	no to got in this canacity. I for	than agree to comply with the

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.

Mar	กจ	2025	10:12	
D. IHI	ua		14.14	

To: +18506176383

Page: 3/4

Fex: 18134365206

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 = M $AMBR = A$	anager uthorized Member	2025 MAR - 3 200	
<u>Title</u>	<u>Name</u>	Address STEAHACGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	OFType of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			UChange
	<del></del>		🗀 Add
			□Remove
			□ Change
			□Remove
			☐ Change
	-		□Add
			□Remove
			Change
	<del></del>		□ Add
			□Remove
			□Change

Fax: 18134365206

				- 4	1-11-	
<u> </u>				.,,	<del></del>	
			<del></del>			
					12	1
					3 7	~
<del></del> ,						`
						3
	<u> </u>			<u></u>	<del></del>	(بي
					<u></u>	()
					·· 	
<del>,</del>						
·			· <del></del>			
			n.·			
_						
<del> </del>						
		<del></del>	<u> </u>			
ffective date, if other than the	ust be specific and cann-	ot be prior to date	of filing or more than	(optional)	) Pursuant to 605.0207	(3)(b
<b>Note:</b> If the date inserted in this locument's effective date on the	block does not meet to Department of State's	ne applicable s s records.	tatutory ming requi	rements, this date	will not be fisted as	tne
record specifies a delayed effect d is filed.	ive date, but not an ef	fective time, a	12:01 a.m. on the	earlier of: (b) Th	e 90th day after the	
Pated March 3	. 20	25				
adin pe						

Typed or printed name of signee