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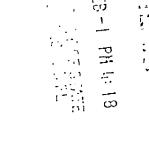
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: LP	GAMING LLC		
Subsect.		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
	ndence concerning this matter	-	
	\ 	M 1 a	
		Name of Person	
	LP G	AMING LLC	
		Firm/Company	
	3665 PARKW		
		Address	
	MELBOURNE	FL 32934 City/State and Zip Code	
		2024 @ GMAIL. COM	
		to be used for future annual report notific	ation)
For further information co	ncerning this matter, please c	all:	
JUSTIN M	Lewis	at(321_) 368-943	Telephone Number
Name of	Person	Area Code Daytime 1	elephone Number
Enclosed is a check for the	e following amount:		
X \$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)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Secti Division of Corpo	
P.O. Box 6327		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 01/12/2024	and assigned
Florida document number <u>L 24\$\$\$\$</u> 28274		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss</u>	
		202
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		ALE -B
Name of New Registered Agent:		
New Registered Office Address:		
	Enter-Florida street address	
	. Florid	
	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 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	JUSTIN M LEWIS	3665 PARKWAY DR	X ∧dd
		MELBOURNE, FL 32934	□ Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical		
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ecord specifies a delayed effective date, but not an effective tim	ne at 12:01 a.m. on the earlier of: (b). The 90th day af	ier t
s filed.	ic, at 12.01 a.m. on the carrier of (0) The your easy at	
cd 01/23/2024		
	rized representative of a member	