## L24000341339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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09/03/24--01026--024 \*\*25.00

2024 SEP -3 AM II: 29

## **COVER LETTER**

	stration Section of Corpo			•	
SUBJECT: _	BLITZ! TRIV	/IA LLC			
30b31.C1		Name of Lim	ited Liability Company		
The enclosed z	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	di correspond	dence concerning this matter	to the following:		
		ERIC LINDSEY			
			Name of Person		
		BLITZ! TRIVIA LLC			
			Firm/Company		
		18601 BARTOW BLVD			
		<u></u>	Address		
		FORT MYERS, FL 33967			
			City/State and Zip Code	<u>-</u>	· · · · · ·
		ESLINDSEY@GMAIL.CO	M to be used for future annual	Landina and thinks	<del></del>
For further in 6	a-matia- aum			report natification	1)
rot turiner into	оппанов соп	eerning this matter, please ca	111;		
ERIC LINDSEY		239 82 at ()	6-4890		
	Name of F	Person	Area Code	Daytime Telep	hone Number
Enclosed is a c	theck for the	following amount:			
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Maili</u>	ng Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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**

FILED

2024 SEP -3 AM II: 29

BLITZ! TRIVIA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Superity Sampany,	FLORIDA
The Articles of Organization for this Limited L	iability Company	y were filed on <u>08/02/202</u> 4	and assigned
Torida document number 1.24000341339	·		
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	<u>f the limited lial</u>	oility company here:	
BLITZ TRIVIA LLC			
he new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our records,	enter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida stree	t address
			, Florida
			Zip Code

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
			□Add
			□Remove
			□Change
			□ Add
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	ocument's effective date on the Department of State's records.			
	record specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th	day after
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Filing Fee: \$25.00