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COVER LETTER

TO:	Registration Se Division of Cor			
OVID II		AME CONSOLE DIST	RIBUTOR LLC	
SUBJ	ECT:	Name of Lin	nited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MOHAMED A ABOU	JZEID	
			Name of Person	
		1 SPS GAME CONS	SOLE DISTRIBUTOR LLC	
			Firm/Company	
		7024 BAYWOOD D	R.	
			Address	
		TAMPA, FL 33637		
		GCSTRADES@GMA	City/State and Zip Code	
		_	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please c	all:	
МОН	AMED ABOU	ZEID	646 361-4531	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e 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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 SPS GAME CONSOLE DISTRIBUTOR 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 04/02/2015	and assigned
Florida document number L15000058230		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SPS GAME CONSOLE DISTRIBUTOR LLC		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7024 BAYWOOD DR.	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33637	
T	7024 BAYWOOD DR.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33637	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>ente</u> :	-
Name of New Registered Agent:		100 mm
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Côde

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
		·	Add
			□ Remove
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			Add
			Remove
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		<u> </u>	Remove
			□ Remove
			□ Add
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