Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)214-8442

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Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GAME-TIME, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAME-TIME, LLC		_
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	09/24/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
My Freedom, LLC.		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS)		
·		
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our	records, enter the nam	ne of the newstepistere
agent and/or the new registered office address here:	·	
		APR
		~ ~ <u>~</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
Nam Basistanad Office Address:		≥
New Registered Office Address: Enter Fi	lorida street address	7, 5
	731 • •	• • • • • • • • • • • • • • • • • • •
City	, Florida	Zip Code
City		

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 difties, 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:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			☐ Change
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			□Remove
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			□Remove
			□ Change

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NATA	ve date, if other than the date of filing: certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated	April 27th 2022
Dated	Can Cadilla
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00