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| Certified Copies | Certified Copies Certificates of Status | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION 10 SEP 29 M ID 24

COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|--|--|---|--|
| SUBJECT: N | Name of Limited | LLC Liability Company | <u></u> |
| The enclosed Articles of Ame | andment and fee(s) are submit | eted for filing. | |
| Please return all corresponder | ice concerning this matter to t | the following: | |
| _ | Edward Coni | Name of Person | |
| | | Name of Person | |
| _ | Noobic Games | LLC Firm/Company | |
| | | | |
| _ | 726 41st St | Floor Z Address | |
| - | Mami Brech , E | 33140 City/State and Zip Code | |
| _ | el ard a no birgar E-mail address: (to be | e used for future annual report notificat | ion) |
| For further information conce | rning this matter, please call: | | |
| Name of Per | son | at (305) \$01 - 9008 Area Code & Daytime To | elephone Number |
| Enclosed is a check for the fo | ollowing amount: | | |
| \$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) |

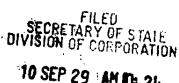
MAILING ADDRESS:

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



| . ^ . | , | | _ | | en in S |
|--|---|---|-------------------------------|-----------------|------------------|
| Moobi | c Gan | ars LL | .C | | |
| (Name of the Limited L (A F | <u>iability Compa</u> lorida Limited | i ny as it now apr Liability Compan | ears on our record | <u>is.</u>) | _ |
| · | | | , | i | |
| The Articles of Organization for this Limited Lial | oility Company | were filed on _ | 9/11/7000 | and | l assigned |
| Florida document numberL060000 \$866 | | | , , | | _ |
| | | | | | |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited lial | oility company l | nere: | | |
| | | 3011111111 | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Lim | ited Liability Cor | npany," the designa | tion "LLC" or t | the abbreviation |
| Enter new principal offices address, if applicat | le: | 726 | 415+ SI FI | 001 Z | |
| (Principal office address MUST BE A STREET | ADDRESS) | Miami | bach, Fl | 33140 | |
| | | | | | |
| , | | | | | |
| Enter new mailing address, if applicable: | | 726 4 | ls+ S+ 1 | Floor 2 | |
| (Mailing address MAY BE A POST OFFICE B | 0X) | M) | st St T | 23140 | |
| | | | stated 1 | 33FTV | |
| | | | | | |
| B. If amending the registered agent and/or | registered of | ffice address of | n our records, e | nter the nam | e of the new |
| registered agent and/or the new registered offic | | | · - | | |
| | | | | | |
| Name of New Registered Agent: | Edwar | d Canto | | | |
| N. P. I. 1007 111 | | | | | |
| New Registered Office Address: | 746 | 4151 21 | Floor 7 Enter Florida stre | et address | |
| | | | | | |
| | Miami | Beach | , Flori | da <u>331</u> | |
| | | City | | Zip C | lode . |

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

MGR = Manager

MGRM = Managing Member **Title Name Address** Type of Action busiemez Group, LLC MGR _____ Remove Remove Remove □Add Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Conto s Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00