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June 18, 2014

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

LAZARUS

SUBJECT: GAMES TO GO, LLC

REF: L09000105031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Document was received on 06/17/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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## JACKETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | FIO GO, LLC  |  |  |
|---|--|--|--|
| (Name of the Limited Liability<br>(A Florida  | Company as it now appears<br>Umited Liability Company) | on our records.)                             |  |
| The Articles of Organization for this Limited Liability Co. Florida document numberL09000105031   |  | 10/30/2009                                   | and assigned                             |
| This amendment is submitted to amend the following:   |  |  |  |
| A. If amending name, enter the new name of the limit  | ted liability company he                               | <u>re</u> :                                  |  |
| The new name must be distinguishable and end with the words "Lim  | uted Liability Company," the d                         | lesignation "LLC" or the                     | abbreviation "L.L.C."                    |
| Enter new principal offices address, if applicable:   |  |  |  |
| (Principal office address MUST BE A STREET ADDR   | ESS)   |  | ·<br>                                    |
|   |  |  |  |
| - · · · · · · · · · · · · · · · · · · ·   |  |  |  |
| Enter new mailing address, if applicable:   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |  |
|   |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address  |  | our records, enter                           | the name of the new                      |
| Name of New Registered Agent:   |  |  |  |
| New Registered Office Address:  |  |  |  |
|   | Enter Flori  | ida street address                           |  |
|   |  | , Florida                                    | Zip Code                                 |
|   | City   |  | Zip Code                                 |
| New Registered Agent's Signature, if changing Registered  | Agent:   |  |  |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of<br>gent as provided for in C    | my duties, and I am<br>Thapter 605, F.S. Or, | familiar with and<br>if this document is |
|   | If Changing Registered Ag                              | ent, Signature of New R                      | egistered Accut                          |

Page 1 of 3

¥44000143826

MGR = Manager

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:

AMBR = Authorized Member Title Name 1 Type of Action <u>Address</u> **MUNIR AWAD MGRM** 3300 NW 112TH AVE UNIT 6 **DORAL, FL 33172** \_ ■ Remove MGRM MOHAMMAD AWAD 3300 NW 112TH AVE UNIT 6 \_\_\_ □ Add DORAL, FL 33172 ■ Remove \_\_\_ 🗖 Add \_ Remove □ Add \_ 🛮 Add \_□ Remove

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#6484 P.005/005

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