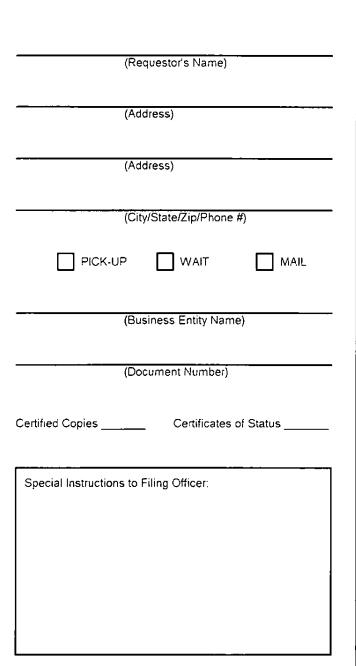
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COVER LETTER

	stration Se sion of Cor			
	2930 ATL	ANTIC LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joseph P. Mullen, Esquire		
			Name of Person	-
		Mullen & Bizzrro, P.A.		
			Firm/Company	-
		2929 E Commericial Blvd.	, Suite PH-C	
			Address	_
		Fort Lauderdale, FL 33308	3	
			City/State and Zip Code	-
		jpmullen@mullenbizzarro.c		
12 a.a. Garatana in	C		to be used for future annual report notification)	
		oncerning this matter, please ca		
Joseph P. Mu	ıllen		954 772-9100 at ()	
	Name o	f Person	at ()	г
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	ate of Status &
	ling Addres		Street Address: Registration Section	
Div	ision of C	Corporations	Division of Corporations	
P.O	. Box 632	!7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2930 ATLANTIC LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/04/2011	and assigned
Florida document number L11000014770	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Game Changing Investments LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		024 HA
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<u> </u>
Enter new mailing address, if applicable:		PH 4:21 ASSEE FL
(Muiling address MAY BE A POST OFFICE BOX)		F
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	-ida
	City	Zıp Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Addi
			□Remove
			□Change
			Add
			Петоче
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			□Remove
			☐Change
			□Add

None					
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in effective date is lis ote: If the date ins	her than the date of the date must be specified in this block do date on the Departm	ecific and cannot be process not meet the app	licable statutory fil	more than 90 days after ting requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
ecord specifies a d is filed.	elayed effective date.	but not an effective	e time, at 12:01 a.m	ı. on the earlier of: (b)	The 90th day after the
ited May 13		. 2024			
	1	100	ν ν	< · · ·	_
	Signal	Tre of a member or au	thorized representati	ve of a member	<u>ال</u>