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COVER LETTER

TO: Registration Section Division of Corpora			
subject: <u>Boo</u>	ya Games Name of Limited	LLC Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitt	ed for filing.	
Please return all corresponder	nce concerning this matter to t	he following:	
-	Paul Rod.	Name of Person	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
-		Firm/Company	
_	7910 Hampt	on Blud	# 908
	,	Address	
-	North Laude	rdale FL	33068
_	North Lauden bass Rooster E-mail address: (to be	@ Gmail.	Com ort notification)
For further information conce		•	,
Paul Rodri Name of Per	Guez son	at (<u>954</u>) <u>Z 8</u> Area Code I	3Z - 9698 Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee S	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 1 Section 2 Sectio

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

Boova Games	LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our re bility Company)	cords.)		
The Articles of Organization for this Limited Liability Company w	ere filed on $10 2$	3 2012	_ and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability Astro Berry		LC		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation	"LLC" or the abbro	eviation "L.I	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		· ·		12
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our rec	ords, enter the	name o	f the new
		GA	n 	
Name of New Registered Agent:			4	1 [
New Registered Office Address:	Enter Florida street a	ddress go Z	<u> </u>	II III III III III III III III III III
		്ന് _{യു} _, Florida _ <u>സ</u>		77
New Registered Agent's Signature, if changing Registered Agent:	City	ORIC	Zip Code	Salaria Salaria Salaria
TO A STATE OF THE PROPERTY OF		Ä	ଧ	

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:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			10.957
			Add
			Remove
			Add
			□ Remove
			
			A C Remove
			APR 24 CHE IANY AHASSE
			FLORIDA COMOVE
			Remove Remove
			
			Add
			☐ Remove

	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iled by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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