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TO:

Registration Section
Division of Corporations

F-BOMB GAMES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elias Enrique Zablah, III

Name of Person

F-BOMB GAMES, LLC

Firm/Company

910 SW 97th Avenue

Address

Miami, Florida 33174

City/State and Zip Code

Eliaszab@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paul Yanes

_{",} 305, 815-8558

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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

| | Games, LLC | |
|--|--|-----------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on January 28, 2014 | and assigned |
| Florida document number L14000015386 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| YAZA STUDI | · | |
| The new name must be distinguishable and end with the words "Limit | ted Liability Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | TALL SE |
| | | |
| | | HAS Pare |
| Enter new mailing address, if applicable: | | SHA CO |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ORIDE C |
| | | D.F. G. |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | the name of the new |
| registered agent and/or the new registered office addre | ess nere: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u></u> | , Florida | |
| | City | Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Address Type of Action **Name** John P Yanes 1402 SW 93rd Place **AMBR** _□ Add Miami, Florida 33174 ■ Remove John P. Yanes 1402 SW 93rd Place MGR ■ Add Miami, Florida 33174 ☐ Remove ☐ Remove _□ Add _□ Remove

| D. If ar | mending any other information, enter change(s) here: (Attach additional sheets, if necessary | <i>1.</i>) | | |
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| (The e | ective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after | | | |
| | date this document is filed by the Florida Department of State) ed February 11, 2014 | | | |
| Date | ed Tobraday 11, 2014 | | | |
| | | | | |
| | Signature of a member or atthorized representative of a member | | | |
| | John Pranes Typed printed name of signee | | _ | |
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Filing Fee: \$25.00