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S. YOUNG

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SECRETARY OF STATES
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OUTSMART CH Name of Limit	AMES LLC ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Tanny	Keeler Name of Person	.
Outsm	eart Games L	
5102	Yesteroaks Plan	ALL AHASSES, FLOW cation)
Pensa	cola FL 3250 City/State and Zip Code	OCT -3 PH LIFT
235amantha E-mail address: (1	. 5hepherd@gm to be used for future annual report notifi	ail·COM = = = = = = = = = = = = = = = = = = =
For further information concerning this matter, please ca		
Samantha Shepherd Name of Person		4738 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	STREET/COURING Registration Section	1

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2T GAMES LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab	oility Company were filed on Septemb	er 12,16 and assigned
Florida document numberL 1400014	9295	·
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC	" or the abbreviation. L. C
Enter new principal offices address, if applicab	ole:	90 EG
(Principal office address MUST BE A STREET	ADDRESS)	3 SA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	1171 Mary Kate Dr. Gulf Breeze, FL 32563	Type of Action
MGR	DR. Cindy Urmos-	Clement.	Gulf Breeze, FL 32563 S	D Add
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	d specifies a c oth day after t			e, but no	ot an effe	ctive tim	e, at 12:	01 a.m. d	on the earl	ier o
ed	Septem	bee 26	μ.	2016	<u></u> .					
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Page 3 of 3

Filing Fee: \$25.00