

12/07/2018

16:46

L17000137798

(FAX) 845 818 3588

P.001/004

12/7/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DIVISION OF STATE
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAME CHANGER SOLUTIONS LLC

Certificate of Status	0
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DEC 7 2018

A. LUNT

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Corporate Filing Menu

Help

12/07/2018 16:46

(FAX) 845 818 3588

P.002/004

From: CAGATAY & CILMIS Fax: 18813873744

To:

Fax: (845) 818-3588

Page: 2 of 4

12/07/2018 3:08 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Game Changer Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/26/2017 and assigned Florida document number L17000137798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7600 Mirabella Drive

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33433

Enter new mailing address, if applicable:

7600 Mirabella Drive

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33433

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

12/07/2018 16:46

(FAX)845 818 3588

P.003/004

From: CAQATAY SECILMIS Fax: 15013923744

To:

Fax: (845) 818-3588

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

18 DEC -7 AM 8:55
CAQATAY SECILMIS
FAX: 15013923744

12/07/2018 16:47

(FAX) 845 818 3588

P.004/004

From: CAGATAY BECIL MIE Fax: 15613823744

To:

Fax: (845) 818-3588

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF SUPERIOR COURT
STATE OF FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

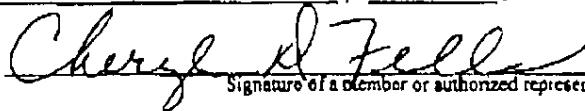
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 05, 2018



Signature of a member or authorized representative of a member

Cheryl Fells

Typed or printed name of signer