L17000191066

Florida Department of State

Division of Corporations

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

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
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Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

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GAME BOX, LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAME BOX, 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 09/12/2017 and assigned Florida document number L17000191066

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 end with the words "Limited Liability Company" the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1636 NW 82ND AVE ER41260
DORAL, FL 33126

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1636 NW 82ND AVE ER41260
DORAL, FL 33126

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

Name of New Registered Agent: ROMAR INTERNATIONAL LLC

New Registered Office Address: 14334 BISCAYNE BLVD
Enter Florida street address

NORTH MIAMI, Florida 33181
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

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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 = Authorized Member

Title	Name	Address	Type of Action
AMBR	CARDOSO MACHADO, CRISTIANO	1636 NW 82ND AVE ER41260 DORAL, FL 33126	■ Add ☐ Remove
AMBR	CARDOSO MACHADO, CRISTIANO	RUA VENANCIO AIRES 769, TERREO SANTA MARIA, RS 97010-001 BR	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY, 2ND . 2018

Signature of a member or authorized representative of a member

CRISTIANO CARDOSO MACHADO
Typed or printed name of signer

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