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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	What's Next	t ESports, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Michael Shane		
		-1	Name of Person	
			Firm/Company	
		1380 N University Drive		
			Address	
		Plantation, FL 33322		
			City/State and Zip Code	<u> </u>
		mshane@nevinville.com		
		E-mail address: (to be used for future annual report notil	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Michael Sh	ane		954 562-7614	
	Name of	Person	Area Code Daytime	a Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 H	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:

TO:

Registration Section

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

Bay Control of the Co ARTICLES OF ORGANIZATION

What's Next ESports, LLC		1/2	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number L18000145398			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Nevinville, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1380 N University Drive		
(Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 33322		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1380 N University Driv Plantation, FL 33322	ve	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		records, <u>enter the name of the r</u>	
Treat registered Office Address.	Enter Florida stree	et 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

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>	Name	Address	Type of Action
			□ Remove
			□ Change
	,		Add
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ock does not meet th	e applicable st	of filing or more tha atutory filing requ	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 605.0207 Il not be listed as
	but not an	effective time,	at 12:01 a.m. or	the earlier o
201	9 .			
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	ock does not meet the epartment of State's defective date, ord is filed.	d effective date, but not an eord is filed.	d effective date, but not an effective time, ord is filed.	d effective date, but not an effective time, at 12:01 a.m. on ord is filed.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00