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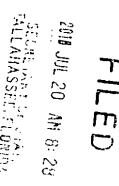
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration So Division of Co			
SUBJEC	r: <u>Elect</u>	Name of Lin	Completive go	inny Network Lic
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		Steven l	Name of Person	
		electronic s	ports and competit	ive gaining gaming netwo
		2341 NW	39th Ter.	
		escyninfo	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code to be used for future annual report noti	fication)
For further	r information c	oncerning this matter, please c		
St	ever LA Name o	tm(1) f Person	at (954) 597 Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Electronic sports and co	mpetitive gamin	y network	· LLC.	
Electronic sports and co	imited Liability Company)	6/29/18		
The Articles of Organization for this Limited Liability Cor	npany were filed on	ne 29th	_ and assig	gned
Florida document number <u>L18000159641</u>			_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbro	viation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	SS)		·	
		·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				لل
			S 2	=
				m
B. If amending the registered agent and/or register	red office address on our		e-name of	the ency
registered agent and/or the new registered office addres	ss here:		8: 2 0kili	
			in the	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	agent:			
I hereby accept the appointment as registered agent and	d agree to act in this capa	city. I further agree	to comply	with the
· · · · · · · · · · · · · · · · · · ·				

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
<u>VP</u>	Dharyl Auguste	G911 West Survise Bird#205	t Add
	·	G911 West Survise Rivett205 Plantation, F1 33313	□ Remove
			Change
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. II AIIIC -	Pending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FETN # 83-1102637 Please as 8
<u>7</u>	Pleaseass
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_	
(If an effo Note:	ve date, if other than the date of filing:
the rec) The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated _	O7/17/18 Signature of a member or authorized representative of a member
	Steven Littmen Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00