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## **COVER LETTER**

TO:

то:	Registration Se Division of Cor			
SUBJI	ECT: El-é (-	Name of Limi	Competitive CytyPhoney ited Liability Company	Network LLC
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Steven	Lattenen Name of Person	
			Firm/Company	<del></del>
		2341 MW	30415 7er & Address	
		COCONGE CRE	City/State and 7 in Code	
		CSC9/10 Fo	City/State and Zip Code  Office 1. Com  to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
St	even L. Hm Name o	f Person	at (\(\frac{\gamma\sigma\cdot}{\text{Area Code}}\) \(\frac{\sigma\cdot}{\text{Daytim}}\)	C(2)S
Enclos	sed is a check for th	ne following amount:		
<b>13</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

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

Plactionic sports and Competitive Gaminy networks LLC

(Name of the Limited Liability Compa: (A Florida Limited I	ny as it now appears on o Liability Company)	ur recoras.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000159641</u> .	were filed on <u>()6/3</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRE SECRE 18 AUG
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FILED STATE OF CORPORATION
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Suariso, FL 33351	Remove
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f an effective date is fiste Note: If the date inser	er than the date of filing:	int be prior to date of filing the applicable statutory	or more than 90 days after th	ing.) Pursuant to 605.020
	a delayed effective date, er the record is filed.	, but not an effecti	ve time, at 12:01 a.r	m, on the earlier
Dated <u>Ø Tyl</u>	Signature of a memb	2018_		
<del></del>	Cianatura of a mani-	er or authorized represent	ative of a member	-

Page 3 of 3

Filing Fee: \$25.00