118000287460

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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION	NAME(S) &	DOCUMENT	NUMBERS(S):
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CORPO	RATION NAME(3) & DO	JCOMENT NOMB	EK3(3).
1. <u>Hyr</u>	idgame Perform	nance LLC	
(CORPORATE NAM		(DOCUI	MENT#)
2. (CORPORATE NAM	IE)	(DOCU	MENT#)
3. (CORPORATE NAM	1E)	(DOCU	MENT #)
☐ Walk-In	Pick up time:	Certified Copy	Certificate Of Status
New Filings	Amendme	ents	Other Filings
Profit	Amendment	s ·	Annual Report
Non-Profit	Resignation		Fictitious Name
Limited Liability	Dissolution/\	Nithdrawa1	Apostille:
Other:	Other:		
			Other:

Examiners	Initials	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L18000287460}}{\text{L18000287460}}$.	were filed on 12/17/2018	and assigned
This amendment is submitted to amend the following:		202
A. If amending name, enter the new name of the limited lial	oility company here:	2020 APR
MYNDGAME LLC.		, ž
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "fzL.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		···
	· · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	riner Frontia Street address	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MYNDCAME PERFORMANCE LLC

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 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>	Type of Action
			
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Effective data if other than the	date of filing:			(nntional)		
Effective date, if other than the fan effective date is listed, the date must	st be specific and canno	t be prior to da	ne of filing or n	ore than 90 days	after filing.)	Pursuant	to 605.020
Note: If the date inserted in this bl document's effective date on the D	epartment of State's	records.	statutory min	g requirement	s, ans date	WIII HOU	e nsteu a
record specifies a delayed effective	e date, but not an eff	fective time.	at 12:01 a.m.	on the earlier o	of: (b) The	90th da	y after the
d is filed.			/	$\gamma \eta_{\alpha}$			
Dated APRIL 10	202	90	A.,	/// ///			
Jacca	·	·					

Typed or printed name of signee