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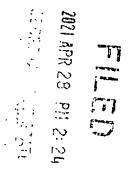
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COVER LETTER

TO:	Registration Se Division of Cor							
		Management LLC		<u>*</u>				
SUBJEC		-	<i>i</i> :					
		Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		Kristina E. Wilson, Esq.						
			Name of Person					
		Simply Legal LLP						
			Firm/Company	 	2021			
		1200 Brickell Avenue, Ste	850		2021 APR 2			
			Address	· .	28	j T		
		Miami, F1, 33131			≒			
		kristina@simplylegalgroup	City/State and Zip Code o.com	.115	2: 2L	نو _{نت} ين.		
		E-mail address:	to be used for future annual report not	ification)				
For furth	ner information c	oncerning this matter, please c	all:					
Kristina	E Wilson		305 858-6208					
			at ()	ne Telephone Number				
	Name o	t Person	Area Code Daytin	ne Telephone Number				
Enclosed	d is 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)	S60.00 Filing Certificate o Certified Co tadditional cop	of Status & py			
	Mailing Address		Street Address:					
	Registration S		Registration Section Division of Corporations					
Division of Corporations P.O. Box 6327			The Centre of Tallahassee					
	Tallahassee, I		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

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

GAME ON MANAGEMENT LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Sanford Elev8 Operations LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		121
	• <i>T</i>	iPR
Enter new mailing address, if applicable:	: `	200
Mailing address MAY BE A POST OFFICE BOX)	\$10	P []
	(1777) 	is the
•		10
3. If amending the registered agent and/or registered office ad-	dress on our records, enter the name	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cinc	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
AS	Zack Schiffman	640 Sabal Palm Road Miami, FL 33137	
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fective date, if other than	the date of fi	ling:			(optional)		
n effective date is listed, the date of the date of the date inserted in this								
ocument's effective date on the	e Department (of State's reco	ords.					
ecord specifies a delayed effe	etivo data but	nat an affaati	ia tima at	2:01 a.m. o	s tha aneliae o	.6 Ost Tha C	Mth day	aftar the
is filed.	enve date, but	not an effecti	ve time, at	12.01 a.m. 0	r the currier (7. (b) The	vour day	anci inc
April 26		2021				•		
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find	Signature	Ta member or	authorized re	presentative c	f a member			-