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COVER LETTER

Division of Cor			
SUBJECT:	Game Day	Box LLC	
		Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nash	1 Tourgeman	
	<u> </u>	me Day Box, UC	
	5340 W. Keni	nedy Blvd Unit 3	331
	Tamp	City/State and Zip Code	
		nana) mail. Cu to be used for futule annual report noti	M tication)
For further information co	oncerning this matter, please ca	all:	
Nasly To	Surgeman Person	at (<u>\$13</u>) <u>468.</u> Area Code Daytim	P 7 8 4 e Telephone Number
Enclosed is a check for the	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C	orporations	Division of Cor	porations
P.O. Box 632	/	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	Box, LLC	ur records.)
(Name of the Limited Liability Com (A Florida Limite The Articles of Organization for this Limited Liability Compar Florida document number L19000269869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Com (A Florida Limited Liability Com (A Florida Limited	·	28 2019 and ssigned
Crafty Cwly The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ion "LLC" or the abbreviation "D.C." Wiggins Rd H, FL 33547
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2003 S. 1 Plant Cit	Wiggins Rd y, FL 33567
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	, Florida Zip Code
	City	Sip Civil

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 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
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Filing Fee: \$25.00