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A. BUTLER APR 05 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Got Game Sports Name of L	Grave LLC
Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Bra	ndon Brown Name of Person
_ Got Gan	ne Sports Group LLC
1014	Estelle Ct.
E-mail address	City/State and Zip Code and on @ 995 Ports grove. Com s: (to be used we future annual aport notification)
For further information concerning this matter, please	e call:
Brandon Brown Name of Person	at (954) 498 - 7711 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30,00 Filing Fee	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	•
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TICLES OF ORGANIZA	ATION	Page 1
OF		FILED
	20	22 44 5

Got Game Sports	S Caroup2021HAR25 PH 1:10 PH 2:01
(Name of the Limited Liability Comp (A Florida Limited	
	TAID JOHN STALLAHASSEE FI
The Articles of Organization for this Limited Liability Company	by were filed on 12/10/1914, FL and assigned
Florida document number <u>L 20000061559</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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:	e address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	
	City Zip 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 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
MGR	Eugene Coleman	234 NE 3rd St.	
		Miami, FL 33132	Remove
			Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
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