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Account Name : MCGUIRE LAW, P.A. Account Number : 120200000136 (239)939-2222 2hone

: (239)539-2280 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAYD, LLC

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TO: Registration Sc	ction		•	,	
Division of Cor					
DAYD, LL SUBJECT:					
	Name of Lim	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ndence concerning this matter				
	Stephen N. McGuire II, Es	q.			
		Name of Person			
	McGuire Law, P.A.				
		Firm/Company			
	PO Box 60205				2021 FEB
		Address			~이 약 [편]
	Fort Mycrs, FL 33906				
		City/State and Zip Code		00 CP	16 PM 4: 43
	entites@cmw.law			<u></u>	خت و
For further information c	oncerning this matter, please c	to be used for future annual	Teport nottheation) :- <u></u>	ည်
Steohon N. McGuire II,		239 93	39-2222		
Name o	f Person	Area Code	Daytime Telep	hone Number	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is con		■ \$60.00 Filing Fer Certificate of \$t Certified Copy (additional copy is c	atus &
Mailing Addres Registration		<u>Street A</u> Registr	address: ration Section		

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DAYD LLC

ARTICLES OF ORGANIZATION

OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited Lia Florida document number L20000039289	ibility Company	were filed on 2/10/2020		_ and a	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
GAME AUDIT LLC				_	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5740 Sandpiper Pl			
		Fort Myers, FL 33919	ري ان نسب	202	
Trincipal Office address (1001 2011 - 1001			- w	33	
				_ _ _	(mage) riemin
Catan now matting address if applicables		5740 Sandpiper Pl		δ	is ala di A
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A P<u>OST OFFICE I</u></i>	ROYI	Fort Myers, FL 33919		<u>-3</u>	()
Mulling duaress WAT BE ATOST OFFICE E	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		77.5	_ _:. _	
			ריז	£	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office s here: McGuire Law,		er the name	of the n	ew regi <u>s</u>
New Designational Office Address:	12670 New Br	ittany Blvd, Suite 101			
New Registered Office Address:		Enter Florida street ada	iress		
			3390	7	
	Fort Myers		Fort Myers, Florida 3390		

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, Senature 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 :	Membei

<u>Title</u>	Name	Address	Type of Action
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