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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MILLION DOLLAR GAME, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MILLION DOLLAR GAME.			<u> </u>	
Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appear Jability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{05}{}$	05/2020	and assigned
Florida document number 1.20000120936	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company ho	ere:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		255 ARAGON	AV, 2ND FLOOR	
Principal office address MUST BE A STREET ADDRESS)		CORAL GABL	ES FL. 33134	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	255 ARAGON CORAL GABL	AV, 2ND FLOOR ES FL, 33134	20 SEP -4
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our r	ecords, enter the nan	e of the new registe
Name of New Registered Agent:	ABITOS PLLO	<u> </u>		
New Registered Office Address:	255 ARAGON	AV, 2ND FLOOF	<u></u>	
then registered office riskness.		Enter Flo	rida street address	
	CORAL GABI	LES	, Florida <u></u>	134
		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 Changing Registered Agent, Signature of New Registered Agent

From: Johana Giraldo

* Fax: 18136585039

To:

Fax: (850) 517-6383

Page: 4 of 5

09/04/2020 12:37 PM

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>	Address	Type of Action
MGR	INGERFLOM, MAXIMILIANO D	255 ARAGON AV, 2ND FLOOR	🖸 Add
		CORAL GALBES FL. 33134	□ Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
			Change
			□ Add
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			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

From: Johana Giraldo

* Fax: 18136585039

To:

Fax: (850) 617-6383

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Note: If the	he date inserted in thi	the date of filing:	the applicable statute	ling or more than 90 d ory filing requireme	_(optional) ays after filing.) Pursuar nts, this date will not	nt to 605.0207 (. be listed as tl
e record sp rd is filed.	ecifies a delayed effe	ective date, but not an ef	ffective time, at 12:0)} a.m. on the earlie	er of; (b) The 90th d	ay after the
Dated	PTEMBER 4	. 20	20			
		Signature of a memb	And authorized repre	sentative of a member	-	

Typed or printed name of signee