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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations						
/	nteractive LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Jack Husney						
		Name of Person					
	JH Business Filings Inc.						
		Firm/Company					
	1441 Broadway, Suite 600	4					
		Address					
	New York, NY 10018						
		City/State and Zip Code	***				
	JHFILINGS@GMAIL.COM						
For further information	remail address: (to be used for future annual report not	ilication)				
	concerning this matter, please c						
Jack Husney	 	347 450-5225 at ()					
Name	of Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for	the following amount:						
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre		Street Address: Registration Se Division of Co					

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gaming Interactive LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on September 21, 2020		and assigned
Torida document number L20000288114	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Gameday Interactive LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		020 00
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)	ن اب رسید د ال
		AH O
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· A •
		
3. If amending the registered agent and/or registered	office add-one or our mounts onto the or	ama af tha man maint
gent and/or the new registered agent and/or registered	office address on our records, enter the n	ame of the new registi
Name of New Registered Agent:		
New Registered Office Address.		
	Enter Florida street address	
	Florida	
	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

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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			□Change
			□Add
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n effective date is listed, the dat te: If the date inserted in the	e must be specific	and cannot be	prior to date of		an 90 days after t	iling.) Pursu		
cument's effective date on t							or the line	
ecord specifies a delayed eff s filed.	ective date, but	not an effecti	ive time, at 12	:01 a.m. on th	e earlier of: (b)	The 90th	day afte	er the
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ted September		30, 202	<u></u> ·					
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			/		nember			

Typed or printed name of signee