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(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Gamebred	promotions IIc		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ariz, Pedro		
		Name of Person	
		Firm/Company	
	2103 CORAL WAY STE		
	800 MIAMI, FL 33145	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
		at ()	e Telephone Number
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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		<u>Street Address:</u> Registration Se	ction
Registration Division of 0	Section Corporations	Division of Cor	
P.O. Box 63	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Gamebred Promotions LLC		2072 HAY 31 AM 8: 32
(Name of the Limited Link	pility Company as it now appears on our recorda Limited Liability Company)	ords.)
(A Flor	rida Limited Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability		TALLAHASSEE. FL and assigned
Florida document number 1.21000060586	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
		
If amending the registered agent and/or register gent and/or the new registered office address here		er the name of the new regist
gent and/or the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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
Member	Fight Brothers	2103 coral way 800 miami, FL	
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		05/20/2022				
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te: If the date inserted in t	his block does no	ot meet the applic	able statutory fil	ing requirements,	this date will not be	e listed as
cument's effective date on	the Department of	of State's records	•			
cord specifies a delayed ef s filed.	fective date, but i	not an effective t	ime, at 12:01 a.n	i. on the earlier of:	(b) The 90th day	after the
05/24 ed	\wedge	2022				
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