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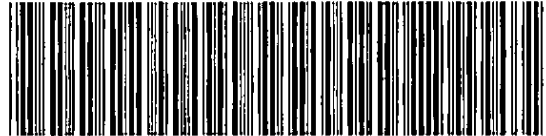
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DIVISION OF CORPORATE AFFAIRS

APR 12 2021

R. HUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEUROSPORTS INTERNATIONAL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS BISIO

Name of Person

FASTFORWARD TRADING COMPANY LLC

Firm/Company

1845 NW 112 TH, SUITE 203

Address

MIAMI, FLORIDA, 33172

City/State and Zip Code

INFO@FASTFWDUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS BISIO

Name of Person

at (786) 495-6610

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee &
Certificate of Status

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Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee, _____
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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
OF**

NEUROSPORTS INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2021 and assigned Florida document number L21000062451.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

551 Saint Michelle Way Margate FL 33068

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

551 Saint Michelle Way Margate FL 33068

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

_____, Florida

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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Dated 02/18/2021

FLORIDA

Signature of a member or authorized representative of a member

GERMAN GONZALEZ TORRES

Typed or printed name of signer