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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: GAME V.W., INC DOCUMENT NUMBER: P03000008478 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA CORTES Name of Contact Person GAME V.W., Inc Firm/ Company 1701 NE 191 STREET #201A Address MIAMI, FL 33179 City/ State and Zip Code laura@copperaccountingservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 285-6118

Area Code & Daytime Telephone Number Laura Cortes Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GAME V.W., INC (Name of Corporation as currently filed with the Florida Dept. of State) P03000008478 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

the second secon

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> <u>Jo</u> | ohn Doe | |
|-------------------------------|----------------------|--------------|--------------------------|
| \underline{X} Remove | <u>V</u> <u>N</u> | like Jones | |
| X Add | <u>\$V</u> <u>\$</u> | ally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>s</u> | German Coria | 1701 NE 191 STREET #201A |
| XAdd | | | Miami, FL 33179 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
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| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: | |
| (у пог аррисавіє, таїсате :УА) | | |
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| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|--|---|
| Effective date if applicable: | |
| (no more than 90 days after amendmen | t file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records. | quirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval. | or the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the e | |
| "The number of votes cast for the amendment(s) was/were sufficient for approva | ıl |
| by(voting group) | ·· |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder acception was not required. | tion and sharcholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required. | and shareholder |
| Dated 11-02-2018 Signature 10000 | |
| (By a director, president or other officer - if directors or office selected, by an incorporator - if in the hands of a receiver, trappointed fiduciary by that fiduciary) | cers have not been ustee, or other court |
| ALBERTO CODIA | |
| (Typed or printed name of person signing |) |
| PRESIDENTE | |
| (Title of person signing) | |

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