P04000140301

(Re	equestor's Name)		
(Ac	ddress)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION O	RATION: LINCOLN INBER: P0400014030	NTERNATIONAL 1	GAMING CORP		
	of Amendment and fee are sul				
Please return all corre	spondence concerning this mat	ter to the following:			
	MIGUEL A ROYE				
	Name of Contact Person LINCOLN INTERNATIONAL GAMING CORP				
	Firm/ Company				
	8757 NW 35 LN				
		Address			
	MIAMI FLORIDA	33172			
		City/ State and Zip Code	e		
AS	ECONLLC@GMA	JL.COM			
	_	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	e call:	•		
MIGUEL A ROYE		at (305	3923981		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P04000140301		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must c .A."	The new breviation contain the
B. Enter new principal office address, if applicable:	7987 NW 33RD ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL FL 33122	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7987 NW 33RD ST	
	DORAL FL 33122 € \$	
		Services Services
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		O
Name of New Registered Agent	ORID A	-
(Florida stree	t address)	
New Registered Office Address: (City)	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Registered Ag		

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.

Example:	, ana sai	iy Smith, SV us un Aua.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
11000	
	100000000000000000000000000000000000000
-	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and itself:

The date of each amendment(s) a	doption: JUNIO 01/2014	06/01/2014	, if other than the
date this document was signed.		/ /	
Effective date if applicable:	(v. v. v. v. v. d. v. v. 00 dov. v	after amendment file date)	
	(no more than 90 days	ajier amenameni jiie aaie)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number officient for approval.	er of votes cast for the amendment(s)	
	proved by the shareholders through vore each voting group entitled to vote se	nting groups. The following statement parately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were suffice	cient for approval	
by		.,,	
	(voting group)		
The amendment(s) was/were addaction was not required.	opted by the board of directors withou	t shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without sha	reholder action and shareholder	
Dated 05/27/2	014		
Signature	eignel P. Roye	-	_
	irector, president or other officer – if d, by an incorporator – if in the hands		
	ted fiduciary by that fiduciary)	of a receiver, trustee, of other court	
	MIGUEL A ROYE		
	(Typed or printed	name of person signing)	_
	PRESIDENT		
	(Title of po	erson signing)	