Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000377890 3)))



H240003778903ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: R&P ACCOUNTING AND TAXES INC Account Name

Account Number : I20170000090

: (305)358-1310

Phone

Fax Number

: (305)503-6701

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN UNIGAMES INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Help

Articles of Amendment to Articles of Incorporation of

	UNIGAMES INTERNA	TIONAL, INC.	2024/137/14	AN IC
(Name of	Corporation as currently i	iled with the Florid	a Dept. of State)	46
	P0800009669		ML.	377
	(Document Number of C	Corporation (if known		PEE. PL
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Fla</i>	orida Profit Corpora	tion adopts the folio	owing amendment(s) t
A. If amending name, enter the new nam	e of the corporation:			
				The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor" chartered," "professional association," or	rp," "Inc." or "Co". A p	mpany," or "incorpoi professional corpora	rated" or the abbrevition name must co	viation "Corp."
B. Enter new principal office address, if (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		<u> </u>		
D. If amending the registered agent and/	or registered office addres	s in Florida, enter t	ne name of the	
new registered agent and/or the new r	egistered office address:			
Name of New Registered Agent				
-	(Florida street	address)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
New Registered Office Address.	(C	ity)	, Florida	Zip Code)
		,77	'	zip codey
New Registered Agent's Signature, if cha I hereby accept the appointment as registere		h and assent the abli	cations of the positi	·an
r nereoy accept the appointment as registere	eu agene. Tam jaminia wiii	ταπα αξέξερι της συπχ	ganoris oj me posni	ол.
				
	Signature of New Regi	stered Agent, if chan	ging	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To

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:

13055036701

(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:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>v</u>	ANA M AMORER	8281 SW 142nd ST
Add			Palmetto Bay, FL 33158
X Remove			
2) X Change	D	RENATO F ELIA	8281 SW 142ND ST
Add			PALMETTO BAY, FL 33158
Remove 3) Change	D	WILLIAM A FLORES PERAZA	416 E 61 ST
X Add			LOS ANGELES, CA 90003
Remove			
4) Change	D	MANUEL A FERNANDEZ	210 BROOKINGS LN
X Add			PEACHTREE CTY, GA 30269
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

To:

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets. if necessary). (Be specific)
BOARD OF DIRECTORS HAVE FULL AUTHORITY TO AMEND THE COMPANY BYLAWS
AS PER MAJORITY VOTE
AS PER MAJORITY VOTE
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) ARTICLE III SHARE DISTRIBUTION:
A. CANCELLATION OF PRIOR ISSUED SHARES EFFECTIVE 09/10/2024
B. PER BYLAWS BOARD OF DIRECTORS TO ISSUE 1000 CLASS A SHARES AND 1000 CLASS B SHARES
EFFECTIVE 09/10/2024
· · · · · · · · · · · · · · · · · · ·

	09/10/20)24	
The date of each amendment(s)	idoption:		_, if other than th
date this document was signed.			
	09/10/20	024	
Effective date <u>if applicable</u> :			
•	(no more than 90	days after omendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applical repartment of State's records.	ble statutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad action was not required.	opted by the incorporators, or bo	pard of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The rufficient for approval.	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders throu reach voting group entitled to vo	igh voting groups. The following statement ote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were	sufficient for approval	•
by		ņ	
	(voting group)		
D . 1	11/05/2024		
Dated			
a.	l l		
Signature	limatan masidaat as athan a®sa	r – if directors or officers have not been	_
		hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	names of a receiver, it usines, or other count	•
		RENATO F ELIA	
	(Typed or printed na	ame of person signing)	
		DIRECTOR	
	(Title of person sign	ing)	