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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	- countour metro celler (61, Inc
DOCUMENT NUMBER: _	P 12000 13759
The enclosed Articles of Ame	Iment and fee are submitted for filing.
Please return all corresponden	concerning this matter to the following:
	Name of Contact Person Divintary NY Fac Cellecton In C Firm/ Company 35 30 Myntic Point of 512. Address City/ State and Zip Code Geo 13 16 O Cynol Company ail address: (to be used for future annual report notification)
E-i For further information concer	
Name of Conta	Person Area Code & Daytime Telephone Number wing amount made payable to the Florida Department of State:
	3.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee rtificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 63.	Amendment Section proporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

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San bar	And the College And
(Name of Corporation as a	METAD (claule), Inc
	17755
	umber of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	tion:
- GAME	- The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc." or "chartered," "professional association," or the abbreviation.	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3580 Mystic Pointe de
	Grentura, FL 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3530 Mystic Pointe dr
	aventura, FL 33180
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent 272.00	$\frac{\mathcal{E}}{\mathcal{E}}$
· · · ·	
(FI	orida street address)
New Registered Office Address. Since	
New Registerea Office Address. 20 1000	City) . Florida
New Registered Agent's Signature, if changing Registered	1 Agent
I hereby accept the appointment as registered agent. I am fa	imiliar with and accept the obligations of the position.
	1
reciona	f New Registered Agent. if changing
Signature o	f New Registered Agent, if changing
Check if applicable	
\Box The amendment(s) is/are being filed pursuant to s. 607.01.	20 (11) (e), F.S.

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:

X Change	PT	<u>John Do</u>	<u>e</u>	
X Remove	\underline{V}	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
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 shee	ets, if necessary).	icles, enter change(s) here: (Be specific) PLRPOSC S
FINITAL	<u> </u>	+XXXFCISE :
Who ce	Maje	ports, Equipments, shores, ocersones
merch	ian 1)	1 shoves bocessones
	-	
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If an amendment pro	vides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable	menung the amer e, indicate N/A)	ndment if not contained in the amendment itself:
, ,		

	was signed.
Effective date <u>if a</u> j	oplicable: (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
Adoption of Amer	ndment(s) (CHECK ONE)
The amendment action was not r	(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder equired.
	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.
	(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval
"The num	•••
	ber of votes cast for the amendment(s) was/were sufficient for approval (voting group)
by	(voting group)
by	Oated (voting group) Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
by	Oated (voting group) Signature (By a director, president or other officer – if directors or officers have not been
by	(voting group) Dated (C)
by	Oated (voting group) Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
by	(voting group) Dated (C)