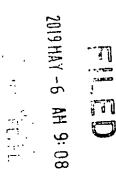
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Office Use Only



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C. GOLDEN MAY 1 7 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Gamer Goo, Inc.				
DOCUMENT NUMBI	ER:P17000085667				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	Scott Benjamin				
_		Name of Contact Person	n		
(lamer Goo, Inc.				
_	,	Firm/ Company			
-		• •			
	TET IN, TORKHAID ROAD, 12-		····		
		Address			
	Aelbourne, FL 32940				
		City/ State and Zip Cod	e		
settbni	mn@gmail.com				
		sed for future annual report	notitication)		
		The same and the same same same same same same same sam			
or further information of	concerning this matter, pleas	se call:			
Scott Benjamin		at (808-3228		
Name of	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)		
Mailing Address		Street	Address		
Amen	Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Gamer Goo, Inc.

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		<u> 114444 - 6 AM 9:</u>
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P170000	85667	ذ
(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the fol	llowing amendment(s
If amending name, enter the new name of the corporation:		
		The new
ume must be distinguishable and contain the word "corporation Lorp.," "Inc.," or Co.," or the designation "Corp." "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	
	N/A	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
, <u></u> ,	·	
If amending the registered agent and/or registered office add	tress in Florida, enter the name of the	
new registered agent and/or the new registered office addres		
Name of New Registered Agent N/A		
Traine of the negative rigen		
(Florida si	reet address)	
N D : 100 411	(1) · 1	
New Registered Office Address:	Florida	(Zip Code)
w Registered Agent's Signature, if changing Registered Agen		
ereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the posi-	ition.
Signature of New	Registered Agent, if changing	
- 17 · · · · · · · · · · · · · · · · · ·		

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: XChange	<u>PT</u>	John Do	<u>se</u>		
X Remove	<u>v</u>	Mike Jo	nes_		
_X Add	<u>sv</u>	Sally Sn			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	N/A				. . .
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add				,	
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

The number of shares the corporation is authorized to issue is: 20,000 If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	
If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse	
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provisions for implementing the amendment if not contained in the amendment itse	
/A	shares, f:
<u> </u>	

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amend eient for approval.	lment(s)
	ved by the shareholders through voting groups. The following sch voting group entitled to vote separately on the amendment(
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareho	lder
April 27, 201 Dated	9	
Signature AC	Al Benjamin	
	tor, president or other officer - if directors or officers have no	
	by an incorporator – if in the hands of a receiver, trustee, or oth	er court
appointed	fiduciary by that fiduciary)	
S	cott Benjamin	
•	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	