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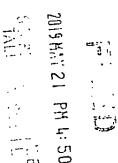
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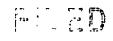
COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____FLYNN'S GAMING, INC P19000011740 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **EDUARDO MIGUEL ACEVEDO** Name of Contact Person FLYNN'S GAMING, INC. Firm/ Company 1316 NW 58 TER Address MARGATE FLORIDA 33063 City/ State and Zip Code ACEVEDOFLORIDA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDUARDO MIGUEL ACEVEDO** 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 Certified Copy Certificate of Status (Additional copy is **Certified Copy** (Additional Copy enclosed) is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



of

2019 MAY 21 PH 4: 50

FLYNN'S GAMING, INC		6500		~
(Name of Corpora	ition as currently fi	led with the Florida Dept.	of State)	,
P19000011740		1712	ur i .	'.•; ⊑
(Page	want Number of Co	rporation (if known)		 -
(DOC	michi Munde oi Co	aporanon (11 known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Flo	rida Profit Corporation ad	opts the follo	owing amendment
. If amending name, enter the new name of the	corporation;			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or th	rp," "Inc," or "Co"	". A professional corpora		he abbreviation
3. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AL</u>				
	-			
`	-	****		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1 <i>0X</i>)			
	_			
	-		u	
 If amending the registered agent and/or regist new registered agent and/or the new registere 		in Florida, enter the nam	e of the	
Name of New Registered Agent				
	(Florida street d	uddress)		
	·	,		
New Registered Office Address:	(Cit		Florida	(Zip Code)
	, ,	• •		,
New Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered agent.		and accept the obligations	of the posit	ion.
, , , , , , , , , , , , , , , , , , , ,	,	,	> F	
Sie	anature of New Regi	stered Agent, if changing		

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.

<u>X</u> Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	v	WILLIAM D SHIELDS	6869 BLUE BAY CIRCLE
X Add			LAKE WORTH, FLORIDA
Remove			33467
2) Change			**
Add			
Remove			****
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

'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)	
rovisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
MAY 16, 2	019	
DatedSignature	J.C.M. A. Re	
(By a di	rector, president or other officer - if directors or officers have not be	
	, by an incorporator – if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	ошт
	EDUARDO MIGUEL ACEVEDO	
-	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	