

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN WOOO SOCIAL MEDIA GAMES INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--------------------------------|---|
| NAME OF CORPORATION: WOOO SOCIA | AL MEDIA GAMES INC. | |
| DOCUMENT NUMBER: P22000055171 | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| Fabio Giallanza | | |
| | Name of Contact Perso | n |
| Weiss Serota Helfman | Cole + Bierman, P.L | |
| | Firm/ Company | |
| 2800 Ponce de Leon #1 | 1200 | |
| | Address | · |
| Coral Gables, Florida 3: | 3134 | |
| | City/ State and Zip Cod | <u>e</u> |
| FGiallanza@wsh-law.com | 1 | |
| E-mail address: (to be | used for future annual report | notification) |
| For further information concerning this matter, pl | lease call: | |
| Fabio Giallanza | at (305 | |
| Name of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the following amount made | de payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee & Certificate of Status | | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Division The Ce | Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| WOOO SOCIAL MEDIA GAMES, INC. | |
|---|--|
| (Name of Corporation as currently filed | with the Florida Dept. of State) |
| 222000055171 | |
| (Document Number of Corp | oration (if known) |
| tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> s Articles of Incorporation: | la Profit Corporation adopts the following amendment(s) t |
| If amending name, enter the new name of the corporation: | |
| WOOO SOCIAL GAMES, INC. | TL |
| ame must be distinguishable and contain the word "corporation." "compa. Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe chartered," "professional association." or the abbreviation "P.A." | Thenew ny," or "incorporated" or the abbreviation "Corp.," essional corporation name must contain the word |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| . If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: | Florida, enter the name of the |
| Name of New Registered Agent | |
| (El. de mart el I | |
| (Florida street addi | (\$ct) |
| New Registered Office Address: (City) | , Florida |
| 14.4/ | (Lip Code) |
| ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and | l accept the obligations of the position. |
| Signature of New Registere | ed Agent, if changing |
| neck if applicable | V 2 |
| | |

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 | <u>PT</u> | John Do | • | |
|-------------------------------|-----------|--------------|--------------|-------------|
| | | | | |
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | n <u>ith</u> | |
| Type of Action (Check One) | Title | | 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 | | | | |

| | icles, enter change(s) here: (Be specific) |
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| an amendment provides for an excha | ange, reclassification, or cancellation of issued shares, |
| rovisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| an amendment provides for an excharge rovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| rovisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| The date of each amendment(s date this document was signed. | adoption:, if other than the |
|--|---|
| Effective date if applicable: | |
| <u></u> | (no more than 90 days after amendment file date) |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ■ The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| ☐ The amendment(s) was/were a must be separately provided) | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| July 15, Dated | 2022 |
| Signature | |
| selec | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | Fabio Giallanza |
| | (Typed or printed name of person signing) |
| | Incorporator |
| | (Title of person signing) |