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EXAMINER

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COVER LETTER

TO: Registration S - Division of Co			
SUBJECT:	Poker W	hiz Wheel LLC	
Separation	Name of Limit	ed Liability Company	to the second se
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Donald Campbell	
		Name of Person	
	Po	ker Whiz Wheel LLC	
		Firm/Company	
	10800 E	Brighton Bay Blvd, # 10102	
		Address	
	St	Petersburg, FL 33716	
		City/State and Zip Code	
	dcamp	bell@thepokerdepot.com o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca		
Donald Campbell Name of Person		at (727) Area Code & Daytime	244-4982 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Poker Whiz Wheel LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(AT Iorida Emilion Elabrity Company)
The Articles of Organization for this Limited Liability Company were filed on January 22, 2008 and assigned
Florida document numberL06000115257
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Poker Depot, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street in dress
Enter 1 torital street
City Florida ZD Code
New Registered Agent's Signature, if changing Registered Agent:
The same of the sa
I hereby accept the appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of my duties, and the finite must accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR ≠ Manager

MGRM = Managing Member **Type of Action Title Name Address** ☐ Add Remove _ Add Remove ☐ Remove $\prod Add$ Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 14 2008 Signature of a member-or authorized representative of a member Donald G Campbell VI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00