

LD8000061855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

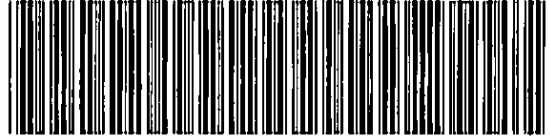
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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COVER LETTER

TG: Registration Section
Division of Corporations

SUBJECT: Ante Up Poker Media, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise N Murphy

Name of Person

Murphy Law

Firm/Company

531 Main Street, Suite F

Address

Safety Harbor, FL 34695

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise N Murphy

727 725-8101
at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANTE UP POKER MEDIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 24, 2008 and assigned
Florida document number L08000061855.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5119 Carriage Drive

Roanoke, VA 24018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5119 Carriage Drive

Roanoke, VA 24018

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 address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph Scales	5119 Carriage Drive	<input checked="" type="checkbox"/> Add
		Roanoke, VA 24018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Scott Long	3110 Hillside Lane	<input type="checkbox"/> Add
		Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Christopher Cosenza	10750 56th Street North	<input type="checkbox"/> Add
		Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated November 22 , 2022

Scott Long
Scott Long Nov 17 2022 15:11:53

Christopher Cosenza
Christopher Cosenza, 22, 2022-14-5155

Signature of a member or authorized representative of a member

Scott Long & Christopher Cosenza

Typed or printed name of signee

Filing Fee: \$25.00