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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
S. HAWKES				
NOV 1 2 2008				
EXAMINER				

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S. HAWKES
NOU 12 108
EXAMINER

COVER LETTER

SUBJECT:	ayers Choice (Name of Limit	Poker Tow, ed Liability Company)	LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this matter t	o the following:		
	Richard	1. C. Labarbera (Name of Person)	<u> </u>	
	Playere	5 Choice Poker	Tour, LLC e Suite#380	
809 E. Bloomingdale Ave Suite# 380				
Brandon FL 33511 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Richard (Name	La Barbera of Person)	at (<u>818)</u> <u>685-3</u> (Area Code & Daytime To	3052 elephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

e Poker To	ur LLC	
Liability Company)		
were filed on OCt.	$\frac{34}{3008}$ and assigned	
ollity company here:		
ited Liability Company," the	designation "LLC" or the abbreviation	
89 809 E.	Bloomingdale Ave	
Brandon,	# 380 0 FL 33511	
809 E. Bloo Sud	minadale Ave	
	ords, enter the name of the new	
<u>e</u> :	3, 5	
	ज्ञा थ	
(Enter Flor	rida street address)	
·		
(City)	, Florida(Zip Code)	
	ited Liability Company," the \$4.809 E. Soute Brandon Brandon Brandon Gut Brandon Gut Center Flor	

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 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 Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** lichele Calbarbera Remove ☐ Add Remove 🗖 Add Remove Remove ☐ Ãdd ै Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00