

L090000085341

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000024431 3)))



H100000244313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 1200100000062
Phone : (323) 962-8600
Fax Number : (323) 962-3880

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRO FOOTBALL BEST BETS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED
10 FEB -3 PM 2:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FILED
10 FEB -3 AM 8:10
**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

FEB - 4 2010

EXAMINER

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Barbara Dang
DATE	2/3/2010 11:40:55 AM PST
RE	Amendment Filing

COVER MESSAGE

LZ order # 7393432

Page 1 of 5

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Football Best Bets 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:

Lori Castille
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Castille at (323) 962-8600
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -3 AM 8:10

Pro Football Best Bets 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 09/03/2009 and assigned
Florida document number 109000085341.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 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)

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

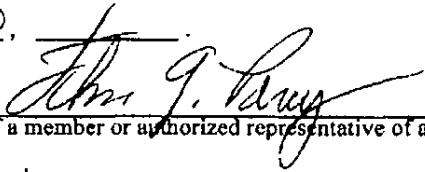
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	JOHN G PERRY	4700 VIA TERAMO BONITA SPRINGS FL 34134 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TESSA PERRY	4700 VIA TERAMO BONITA SPRINGS FL 34134 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

Jan. 27, 2010.



Signature of a member or authorized representative of a member

John Perry, Managing Member

Typed or printed name of signee

10 FEB -3 AM 8:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS