(Requestor's Name)	
(Address)	6002531
(Address)	
(City/State/Zip/Phone #)	10/28/1301 من
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(Business Entity Name)	
(Document Number)	
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CUVER LETTER

,Division of Cor	porations		
SUBJECT: PP) World (Games LL ted Liability Company	
	realife of Linus	ted Elability Company	
			7013 OCT
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	<u>a</u>
Please return all correspo	ondence concerning this matter	to the following:	228
	Alexan	der Murgo Name of Person	2 :3
	PP World	Games LLC	
	2901 S.	Boyshore D	rive, Suite 5 E
	Miani	Florida 3	3133
	E-mail address: (to	City/State and Zip Code MUCAD o be used for fiture and eport notificat	rldgames. com
For further information co	oncerning this matter, please ca	all:	
Alex Mu Name or	VAO f Peteon	at (<u>305)</u> 588 Area Code & Daytime To	o 304 clephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

AKTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

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

(A Florida Limited Liability Company)

	inned Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1000093</u>	mpany were filed on 91=	7/2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201:
(Principal office address MUST BE A STREET ADDRE	<u></u>	9
		2
Enter new mailing address, if applicable:		होते. जिल्ले स्थान
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addressing Name of New Registered Agent: New Registered Office Address:	ess here:	cords, enter the name of the ne
		_, 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.

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address		Ţ	vpe of Action
MGRM	Alexander	Murq	0 2901	5.Ba	yshore	Add
		J	Suite 5E	···	J 	Remove
	<u>Mame</u> <u>Alexander</u>		Miami	FI.	33133	3
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					13 S 13	>

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, • 	
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Dated Oc	1 . 23 <u> </u>
24.04 <u>- C</u>	,
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	Simulation of the state of the
	Signature of a member or authorized representative of a member
	Raffaello Ballavini Morm
	Typed or printed name of signee
	Page 3 of 3
	r age 5 or 5

Filing Fee: \$25.00