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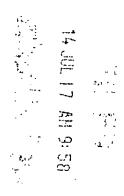
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PP World Games 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:
Alex Murgo Name of Person
2901 S. Bayshore Dr.
Suite 5E Address
Miami F1. 33133
City/State and Zip Code alex mura comail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Murgo at (305) 588-0304 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \\$30.00 Filing Fee & Certificate of Status \$\square \\$55.00 Filing Fee & Certificate of Status \$\square \\$ (additional copy is enclosed) \$\square \\$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

TO ARTICLES OF ORGANIZATION OF

	-1d Gar				
(Name of the Limit	ted Liability Company as i (A Florida Limited Liability	t now appears on our re- y Company)	cords.)		
The Articles of Organization for this Limited L Florida document number	iability Company were O 93626	filed on 0 9 /0	7/2010	2 and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of Be Her The new name must be distinguishable and end with the	Interne-	L.L.C.	"LLC" or the abl	breviation "L	L.L.C."
Enter new principal offices address, if applic	eable:				
(Principal office address MUST BE A STREE	T ADDRESS)				

Enter new mailing address, if applicable:				=	
(Mailing address MAY BE A POST OFFICE	BOX)				*,**
				<u></u>	**************************************
B. If amending the registered agent and registered agent and/or the new registered o		address on our rec	ords, <u>enter t</u>	he name	of the new
Name of New Registered Agent:	Alex	Mora	0		
New Registered Office Address:	2901 5.	Enter Florida street ad	ldress		
	Miami	iny	, Florida	3313 Zip Code	3
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	per and complete perfo istered agent as provid registered office addr	ormance of my duties ded for in Chapter 6	s, and I am fa 05, F.S. Or, ij	miliar wit f this docu	h and iment is

If Changing Registered Agent, Signature of New Registered Agent

	horized Member	•					
<u>Title</u>	<u>Name</u>		Address				Type of Action
MGRM	Raffaello (<u>3a</u> 11an	101	2901 : Soite Miani	5. Bac 5E . FI	33137	Add Add Remove
							Remove
						•	
						and a	Add / / On Co Remove
							□ Add □ Remove
							□ Add □ Remove

Authorized Member being added or removed from our records:

	'	. '	•				
							
							
Effective da	ate, if other	r than the	date of fil	ing:			(optional)
The effective of	late must be s	pecific, can	not be prior to	date of receipt or f	led date and canno	ot be more than	(optional) 90 days after
The effective of the date this of	late must be s locument is fi - 1	pecific, can	e date of fil not be prior to lorida Departr	date of receipt or f nent of State)	led date and canno	ot be more than	(optional) 90 days after
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The effective of the date this of	late must be s locument is fi - 1	pecific, can	not be prior to lorida Departr	date of receipt or finent of State)	rized representati	ive of a membe	90 days after
The effective of the date this of	late must be s locument is fi - 1	pecific, can	not be prior to lorida Departr	a member or author	rized representati	ive of a membe	90 days after

Page 3 of 3

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Filing Fee: \$25.00