

L130000023302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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J. SAULSBERRY  
EXAMINER  
SEP 18 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRI Tournament Partners 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:

Jay Chaudhari

Name of Person

I-4 Capital Partners

Firm/Company

150 N Orange Ave Suite 410

Address

Orlando, FL 32801

City/State and Zip Code

jay@i4fund.com

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

For further information concerning this matter, please call:

Kimberly Futch

Name of Person

at 352 425-4048

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 SEP 16 AM 8:12

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

**MRI Tournament Partners 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 2/13/2013 and assigned  
Florida document number L13000023302.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

| <u>Title</u> | <u>Name</u>              | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------|--------------------------------------------|
| MGRM         | Intermutual Partners LLC | 150 N. Orange Ave    | <input type="checkbox"/> Add               |
|              |                          | Suite 410            | <input checked="" type="checkbox"/> Remove |
|              |                          | Orlando, FL 32801    |                                            |
| MGRM         | Steez Management LLC     | 1277 N. SEMORAN BLVD | <input checked="" type="checkbox"/> Add    |
|              |                          | SUITE 116            | <input type="checkbox"/> Remove            |
|              |                          | ORLANDO, FL 32807    |                                            |
|              |                          |                      | <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.)*

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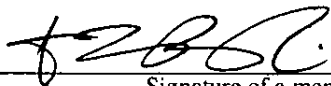
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Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

**Jay Chaudhari**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
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STATE OF OHIO