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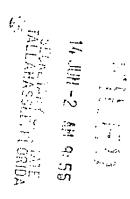
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COVER LETTER

TO: Registration Section
Division of Corporations

UBJECT: 9 Ball Enterprises, 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:

Ghada Skaff

Name of Person

Lieser & Skaff

Firm/Company

511 W. Bay St., Suite 350

Address

Tampa, FL 33606

City/State and Zip Code

City/State

ccuffe@verizon.net

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

For further information concerning this matter, please call:

Ghada Skaff

_{...}813、280-1256

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

9 Ball Enterprises, 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 01/03/2014 and assigned Florida document number L14000001524 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 "LLC." 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 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = ' Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Colleen Cuffe	5034 Devon Park Drive ■ Add	
·		Tampa, FL 33647	
AMBR	Colleen Cuffe	5034 Devon Park Driv	Ve_□ Add
	,	Tampa, FL 33647	■ Remove
			🖸 Add
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Ď.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	·
	Effective date, if other than the date of filing:(optional)
	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated May 30 2014
	The D
	Algnature of a member or authorized representative of a member
	Ghada Okat P Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TALLAHAYSTE FIORIN