

Division of Corporations

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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.

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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : JOHN M WICKER PA
Account Number : T20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

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

Email Address: MWICKER@LAWORW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOO MANY JOKERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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

TOO MANY JOKERS, 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 08/06/2014

Florida document number L14000123444

and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

POSTLEAGUE, LLC

The new name must be distinguishable and contain 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

City

Florida

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 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

FILED
2019 MAY -1 PM 12:59
CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person
or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM COATS	8651 FALISTO PLAC FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HAIM SANDER	1295 WALES DRIVE FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

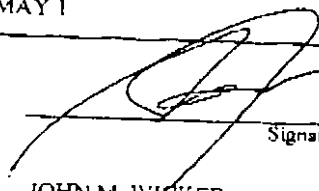
NONE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 1 2019



Signature of a member or authorized representative of a member

JOHN M. WICKER

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FL
STATE