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Florida Deplimaent of State Division of Corporations

> 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 : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phohe : (813)435-3176 Fax: Number : (713) 429-1276

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  $\succeq$ BEHIND THE PICKS, LLC

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JUL 27 2015

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Help

BEHIND THE PICKS, LLC.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liabili<br>(A Florid  | ity Company as it now appears on our records.) a Limited Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability C<br>Florida document number L15000023509 | Company were filed on 02/06/2015 and assigned                               |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the lim  | ited liability company here:  |
| WinthePicks.com, LLC  | •   |
| The new name must be distinguishable and contain the words "Lim                                   | ited 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 ADDI   | YESS)   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
| !   |   |
| B. If amending the registered agent and/or regis  | tered office address on our records, enter the name of the ner              |
| :   |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Floridu street address  |
|   | , Florida   |
| :   | Clty 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

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

| MGR = Man<br>AMBR = Aut | nager<br>horized Member | ·<br>· |                          |                |
|-------------------------|-------------------------|--------|--------------------------|----------------|
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| ctive date, if other tha<br>effective date is listed, the d<br>e: If the date inserted in | ate must be specific and | cannot be prior to d                  | late of filing or more | than 90 days after                     | filing.) Pursuant to | 605.02         |
| iment's effective date on   | the Department of S      | tate's records.                       | Saturday ming it       | quitinones, una                        | i-                   | 1131001        |
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Page 3 of 3

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