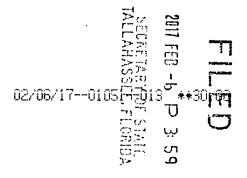
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		Club, LLC			
SUBJEC	I ·	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Richard Perez			
Name of Person					
		MPS Social Club, LLC			
			Firm/Company		
	P.O Box 450632				
			Address	-	
		Miami, FL 33245			
			City/State and Zip Code		
		miamipokerstars@gmail.co	m to be used for future annual report notific	ation)	
For further	r information o	oncerning this matter, please co	-	ZIII TALL	
MPS Soc	ial Club c/o Ric		305 791-4658	AHAS AHAS	-
	Name of	f Person	Area Code Daytime T	Telephone Number	
Enclosed	is a check for th	e following amount:		P → F108:	
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
	MAILI	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPS Social Club, LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	
(A Florida Entire	company)	
The Articles of Organization for this Limited Liability Compa	any were filed on May 23rd, 2016	and assigned
Florida document number L16000100021		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company bere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 450632	
(maning maress MAT BE A FOST OFFICE BOX)	Miami, FL 33245	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		No.
New Registered Office Address:		
	Enter Florida street address	
	, Florida,	>Zip Code
	CII P	· Lap Cour

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Humberto Perez	P.O. Box 5383, Largo, FL 33779	B Add
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			☐ Remove
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ive date, if other than the date of filective date is listed, the date must be specific	ling: and cannot be prior to date of f	(Op iling or more than 90 days at	ttonal) = Rer filing.) Pursuant to 605.9
If the date inserted in this block does no	ot meet the applicable statut	ory filing requirements, t	this date will first be listed
ent's effective date on the Department of	of State's records.		ファーイ じひ
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cord specifies a delayed effective 90th day after the record is file	e date, but not an effe	ective time, at 12:01	
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Signature o	of a member or authorized repre	SCHOOL OF A INCUIDER	

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Filing Fee: \$25.00