

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE STRIP CLUB, LLC**

|                       |         |
|-----------------------|---------|
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D. SIMMONS  
OCT 12 2017

2017 OCT 11 PM 5:34

17 OCT 11 AM 9:48  
DIVISION OF CORPORATIONS

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

THE STRIP CLUB, 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 MARCH 28, 2017 and assigned Florida document number L17000069254.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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>  | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|--------------|--------------------------|--------------------------------------------|
| MGR          | SHAVAR ALVIN | 2598 E SUNRISE BLVD      | <input type="checkbox"/> Add               |
|              |              | SUITE 210 A              | <input checked="" type="checkbox"/> Remove |
|              |              | FT. LAUDERDALE, FL 33304 | <input type="checkbox"/> Change            |
|              |              |                          | <input 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"/> 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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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 OCTOBER 4, 2017

Signature of a member or authorized representative of a member

VERNON BURROUGHS II

Typed or printed name of signee