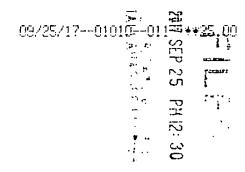


(Requestor's Name)					
(Address)					
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Yjack	pot LLC			
SUBJECT.		ame of Limited Liability	y Company	
Dear Sir or Madam:				
The enclosed Statement of	of Correction and fee(s) ar	e submitted for filing.		
Please return all correspo	ondence concerning this m	satter to the following:		
Levi Pruss				
	Name of Person	·		
Yjackpot Ll	_C			
	Firm/Company			
150 S Pine	Island Rd#	² 312		
	Address			
Fort Lauder	rdale, FL 33	324		
Ci	ity/State and Zip Code			
billing@yja	ckpot.com			
E-mail address: (to	be used for future annual	report notification)		
For further information c	oncerning this matter, ple	ase call:		
Levi Pruss		954	693-6777	
Name o	f Person	at () Area Code	Daytime Telephone Number	
STREET/COURIER Al Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Re Div P.C	all.ING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for	the following amount:			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The nar	ne of the limited liability company is: Yjacl	kpot LLC	
SECO!	<u>ND:</u>	The Florida Document number of the limited Document to be corrected is: Articles of	liability company is: L170	00192590
	<u>(C</u>	CHECK THE APPROPRIATE BOX AND C	OMPLETE THE APPLICA	BLE STATEMENT
N		is an incorrect statement. The incorrect statement are as follows:	ent, the reason the statement is	incorrect, and the corrected
	Incor	rectly lists 2 members as person	ns authorized to man	age LLC.
	Marc	Shumsker and Max Mergui sho	ould be removed from	the articles.
	Only	Levi Pruss should be listed in th	e articles as the MG	RM.
	OR Was de as follo	fectively signed. The manner in which the doc ws:	ument was defectively signed	and the appropriate correction are
	<u>OR</u>			12: 30
	The ele	ctronic transmission of the record was defective Signature of Authorized Representative	e.	9/22/17 Date
		w registered agent, if applicable :(NOTE: if consignation).	rrecting the registered agent, th	e new registered agent must sign
I hereb provisi obligat reflect	y accept ons of ali tions of m	Agent's Signature, if changing Registered Age the appointment as registered agent and agree I statutes relative to the proper and complete pe by position as registered agent as provided for it in the registered office address, I hereby confi	to act in this capacity. I furthe erformance of my duties, and I in Chapter 6 0 5, F.Ş. Or. if this	am familiar with and accept the document is being filed to merely
		Registered .	Agent's Signature	
		Filing Fee:	\$25.00	

Certified Copy:

\$30.00 (optional)