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2025-03-28 11:11:41 UTC+14

18506176383

From: ZenBusiness User



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 : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

|          | **Enter   | the  | email  | address  | for  | this  | busin | ess | entity | to t | be u | sed  | for  | future |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POKE BALLERS MART LLC

| Certificate of Status | 4       |
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Help

To:

## 2025-03-28 11:11:41 UTC÷14 18506176383 ARTICLES OF AMENDMENT ΤO ARTICLES OF ORGANIZATION **OF**

| Poke Ballers Mart LLC   |   |                                       |  |  |  |
|---|---|---------------------------------------|--|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I      | ny as it now appears on our records.)<br>Liability Company) | 7,500                                 |  |  |  |
| The Articles of Organization for this Limited Liability Company           | were filed on 07-07-2022                                    | and assigned                          |  |  |  |
| Florida document number 1.22000304022                                     |   |                                       |  |  |  |
| This amendment is submitted to amend the following:                       |   |                                       |  |  |  |
| A. If amending name, enter the new name of the limited liab               | ility company here:   |                                       |  |  |  |
| Ballers TCG LLC   |   |                                       |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi | fity Company," (he designation "LLC" of                     | r the abbreviation "L.L.C."           |  |  |  |
| Enter new principal offices address, if applicable:                       | 4964 fruitville road  |                                       |  |  |  |
| Principal office address MUST BE A STREET ADDRESS)                        | Sarasota, FL 34232  |                                       |  |  |  |
| Enter new mailing address, if applicable:                                 | 4964 fruitville road  |                                       |  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)                                 | Sarasota, FL 34232  | <u> </u>                              |  |  |  |
|   |   | F11.                                  |  |  |  |
|   |   |                                       |  |  |  |
| B. If amending the registered agent and/or registered office a            | address on our records, <u>enter th</u>                     | e name of the new register            |  |  |  |
| gent and/or the new registered office address here:                       |   | · 2                                   |  |  |  |
|   |   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Name of New Registered Agent:   |   |                                       |  |  |  |
| New Registered Office Address:  |   |                                       |  |  |  |
|   | Enter Florida street address                                |                                       |  |  |  |
|   | , Florid  |                                       |  |  |  |
|   | - 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

To: Page: 3 of 4 2025-03-28 11:11:41 UTC+14 18506176383 From: ZenBusiness User or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address   | Type of Action |
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| If amending any other inform  | ation, enter change(s) he           | ere: (Attach addition                 | nal sheets, if necessa   | , v., ·   |
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| Effective date, if other than the if an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I | lock does not meet the appl         | licable statutory filing              | (optional to than 90 days after filing requirements, this date | )<br>g.) Priesuant to 605,0207 (<br>e will not be listed as t |
| e record specifies a delayed effecti<br>rd is filed.  | ve date, but not an effective       | time, at 12:01 a.m. or                | the earlier of: (b) T  | he 90th day after the   |
| Dated March 27  | . 2025                              | ··                                    |  |   |
| /s/ Kirill Lavrentyev   |                                     |                                       |  |   |
|   | Signature of a member or au         | thorized representative o             | f a member   |   |
| Kirill Lavrentyev   |                                     |                                       |  |   |
|   | Typed or nri                        | nted name of signee                   |  |   |