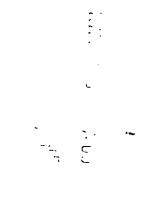
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A. BUTLER
JAN 25 2022

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ORIGINAL FLORIDA NAME OF CORPORATION:	POKER BASEBALL	CLUB INC	C
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter t	to the following:		
LENNY ROBERTS			
4)	Vame of Contact Persor	1)	
ORIGINAL FLORIDA POKERS BASEBALL CLUB I	NC		
-	(Firm/ Company)		
1827 NW 124TH AVENUE			
·	(Address)		
CORAL SPRINGS, FL 33071			
(C	City/ State and Zip Code	e)	
lenny@actiongroupusa.com			
E-mail address: (to be used for	or future annual report	notification)
For further information concerning this matter, please ca	ıll:		
LENNY ROBERTS	95. at	4	817-1008
(Name of Contact Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Dep	artment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C	Address Iment Section of Corpo entre of Ta N. Monroe	rations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ORIGINAL FLORIDA POKER BASEBALL CLUB IN	IC .	· Luc .	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)		
ORIGINAL FLORIDA POKER BASEBALL CLUB IN	*C		42
(Document N	lumber of Corporation (if	known)	 , ;
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:		For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corp ORIGINAL FLORIDA POKERS BASEBALL CLUB II			
		Pr	The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	poration" or "incorporat	ca or the appreviation. Coi	rp, or me.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florid fice address:	a, enter the name of the	
Name of New Registered Agent:			
<u>New Registered Office Address</u> :		(Florida street address)	<u>.</u> .
		, Florida	
	(City)	(Zip Code	e)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and acce	pt the obligations of the posit	tion.
	Signature of New Reg.	istered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	
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e date of each amendment(s) adoption: _ e this document was signed.	2/03/2021		_ 				_, if other than the
fective date <u>if applicable</u> :	more than 90 day						<u> </u>

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.				
Dated	12/03/2021				
Signature .	Lenen Roberts				
4	by the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	LENNY ROBERTS				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

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