## LD600010445Z

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DEC 23 2008

**EXAMINER** 



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12/22/08--01055--020 \*\*25.00

08 DEC 22 PM 3: 1

SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Se Division of Cor			•
SUBJ	ECT:	POKER TIC (Name of Lim	IKETS LLC ited Liability Company)	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		FABRIC	(Name of Person)	14
		POKER	TICKETS LLC (Firm/Company)	
		3001 W.	Hallandate Beac (Address)	h Bloa - Suite 312
		Pembroke	Park, FL 330 (City/State and Zip Code)	<del>209</del>
For fu	rther information o	oncerning this matter, please c	all:	
F	ABRICIO (Name	SCHAFFRATH of Person)	at (305) 466 - 1 (Area Code & Daytime T	900 Pelephone Number)
Enclos	sed is a check for the	he following amount:		
<b>×</b> \$2:	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 DEC 22 PH 3: 16

(Name of the Limited Liability Comp. (A Florida Limited	Kets LLC any as it now appears on o Liability Company)	ur records.)				
The Articles of Organization for this Limited Liability Company were filed on 10/26/2006 and assigned Florida document number 106000104.452						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," th	ne designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3001 W. Ha Suite # Pembroke	Mandale Beach Blod. 312 Park, FL 33009				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· ···	allandale Beach Blud. 312 Park, FL 33009				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ecords, enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	(Enter F)	orida street address)				
	, , , , , , , , , , , , , , , , , , ,					
_ <del></del>	(City)	, Florida(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 608, 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 antending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> 20500 NEZOT COURT GABRIELA LOPAPA MGRM ☐ Add Remove PAOLA RODRIGUEZ 19111 NE 20th Ave North Migmi Beach, FL 33179 MGRM Remove \_\_\_ Add Remove \_\_\_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December Signature of a member or authorized representative of a member SCHAFFRATH FABRICIO

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Filing Fee: \$25.00

Typed or printed name of signee