

L21000095883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

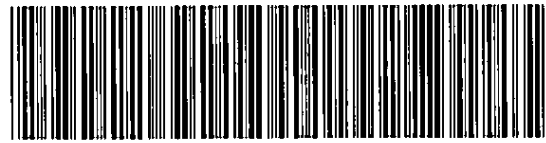
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL 30 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 JUL 30 PM 3:58

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 937027 4324968  
AUTHORIZATION :   
COST LIMIT : \$ 60.00

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ORDER DATE : July 30, 2021  
ORDER TIME : 2:04 PM  
ORDER NO. : 937027-005  
CUSTOMER NO: 4324968

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DOMESTIC AMENDMENT FILING

NAME: PLAYERS CAFE FL LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Players Cafe FL LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Metzger

\_\_\_\_\_  
Name of Person

Players Cafe USA LLC

\_\_\_\_\_  
Firm/Company

111 Town Square Place Suite 203

\_\_\_\_\_  
Address

Jersey City, New Jersey 07310

\_\_\_\_\_  
City/State and Zip Code

tom@playerscafe.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Eichel

917

280-4795

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>                      |
|--------------|----------------------|---------------------------------|--------------------------------------------|
| MBR          | Lotto.com Inc.       | 111 Town Square Place Suite 203 | <input type="checkbox"/> Add               |
|              |                      | Jersey City, NJ 07310           | <input checked="" type="checkbox"/> Remove |
|              |                      |                                 | <input type="checkbox"/> Change            |
| MGR          | Players Cafe USA LLC | 111 Town Square Place Suite 203 | <input checked="" type="checkbox"/> Add    |
|              |                      | Jersey City, New Jersey 07310   | <input type="checkbox"/> Remove            |
|              |                      |                                 | <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            |
|              |                      |                                 | <input type="checkbox"/> Add               |
|              |                      |                                 | <input type="checkbox"/> Remove            |
|              |                      |                                 | <input type="checkbox"/> Change            |

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TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 30 2021

Thomas Weizger (Jul 30, 2021 10:13 EDT)

THOMAS METZGER

Typed or printed name of signee

**Filing Fee: \$25.00**