

8/25/22, 4:14 PM

Division of Corporations

L22000309842

Florida Department of State
Division of Corporations
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To:

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Account Number : 104662003400
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Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ILLUZZIFRAN@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGAMING L.L.C.**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000288553

SIGAMING L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 12, 2022 and assigned Florida document number L22000309842.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

S&I Gaming LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Francesca Illuzzi

New Registered Office Address:

3596 Peace River Dr.
Enter Florida street address
Punta Gorda Florida 33983
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.

Francesca Illuzzi 8-25-22
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H22000288553

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anthony Illuzzi	3596 Peace River Dr	☐ Add
		Punta Gorda, FL 33983	☒ Remove
AMBR	John Schmid	3596 Peace River Dr	☐ Add
		Punta Gorda, FL 33983	☒ Remove
AMBR	Francesca Illuzzi	3596 Peace River Dr	☒ Add
		Punta Gorda, FL 33983	☐ Remove
AMBR	Michael Schmid	3596 Peace River Dr	☒ Add
		Punta Gorda, FL 33983	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 1400 EAST 9TH AVE
 TAMPA, FL 33602

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

H22000288553

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 25, 2022

 8.25.22
Signature of a member or authorized representative of a member
Francesca Illuzzi
Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA