L05000067031

(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	= #)
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FILED 2012 HAR 19 PM 2: 27 SECRETARY OF STATE

J. BRYAN

MAR 2 0 2012

EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT:	GAM	10PIN, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		FILED PH 2: 27 SECRETARY OF STATE A
		John S Gal		超多广
		Name of Person		
	GAMOPIN, LLC			TO P
		Firm/Company		疆2
	7 Cove View CT			y
		Address		
	Cc	Occoa Beach, FL 32931 City/State and Zip Code		
		COAJOHN CAOL. (
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	all:		
Char	ies W. Pindziak	at (321)	799-1400	
Name	of Person		ne Telephone Numbe	г
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 enclose	d) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

GAMOPIN, LLC (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 _____ 07/07/2005 L05000067031 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Virginia G. Morgan	441 Treasure Lagoon Lane Merritt Island, FL 32953	Add Remove
MGRM_	James E. Morgan (Deceas	413 Lincoln Ave. Cape Canaveral, FL 32920	Add Remove
			Add Remove
<u></u>			Add Remove
,			AddRemove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	MIZHIN 19 PH 2: 27 SECRETARY OF STATE SECRETARY OF FLORIGH
			A 2: 27
Dated	Mucha C	2 Sanda (
	Signature of a member	r or authorized representative of a member	
		harlie W Pindziak	
	Турео	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00