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J. BRYAN APR - 4 2006



	_	OVER LETTE	R	
TO: Registration Section Division of Corporation	ons			
SUBJECT: 1110 Amus	sements, L	LC _		
	(Name	of Limited Liability Co	mpany)	
Dear Sir or Madam:				
The enclosed Articles of Corre	ction and fee(s) a	re submitted for filing.		
Please return all correspondence	e concerning this	s matter to the following	g:	
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M. Daniel Sasso				3
	ne of Person)		<del></del>	2006 MAR 30 PM 2:57
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Cape Coral, FL 3390	14			•
	te and Zip Code)		_	
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For further information concern	ning this matter, p	please call:		
M. Daniel Sasso		at ( 239	542-1355	
(Name of Person	on)		& Daytime Telephone Number)	<del></del>
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STREET/COURIER ADDRE	zee.		MANUAL ADDDDGG	
Registration Section	799:		MAILING ADDRESS: Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			P.O. Box 6327	
2661 Executive Center Circle			Tallahassee, Florida 32314	
Tallahassee, Florida 32301				
Enclosed is a check for the fol	llowing amount:			
□ \$25 Filing Fee □ \$30 F	iling Fee &	☑ \$55 Filing Fee &	□\$60 Filing Fee,	
	ficate of Status	Certified Copy	Certificate of Status &	
			Certified Copy	

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST 1110 A		The name of the	e limited liability com	pany is:				
SECO:	<u>ND</u> :	The articles of o	organization or the ap	plication to transac	et business			
(CH	ECK T	HE APPROPRI	ATE BOX AND COM	PLETE THE APP	LICABLE ST	ATEMENT		
V	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  ARTICLE II has a wrong address of the principal office which should be 1110 Del Prado Boulevard,							
	Unit D,	Cape Coral, Flor	ida 33990. Nick Chi	ionis is Manager/Me	ember in capa	city as		
	Truste	e of the Nick C	chionis Revocable T	rust UTD 11/28/0	)5			
	OR		·					
Ш	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:							
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Dated:	March	28		2006		PLOR		
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		Signature of a	member or authorize	d representative of	f a member	V		
		NICK CHION		•				
		THOR OTHOR	Typed or printed na	ame of signee				
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	nal)			

### Electronic Articles of Organization For Florida Limited Liability Company

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#### Article I

The name of the Limited Liability Company is: 1110 AMUSEMENTS, LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

1110 DEL PRADO BOULEVARD UNIT B CAPE CORAL, FL. 33990

The mailing address of the Limited Liability Company is:

1110 DEL PRADO BOULEVARD UNIT B CAPE CORAL, FL. 33990

#### Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.



#### Article IV

The name and Florida street address of the registered agent is:

NICK CHIONIS 3138 S.W. PINE ISLAND ROAD CAPE CORAL, FL. 33991

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NICK CHIONIS

#### Article V

The name and address of managing members/managers are:

Title: MGRM NICK CHIONIS 3138 S.W. PINE ISLAND ROAD CAPE CORAL, FL. 33991

Title: MGRM PATRICIA GATCH 3138 S.W. PINE ISLAND ROAD CAPE CORAL, FL. 33991

Signature of member or an authorized representative of a member Signature: M. DANIEL SASSO

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