# L07000022493

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	
<b>V.2.</b>	,,	
(City	/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	illing Officer:	$\mathcal{N}$

Office Use Only



100094178731

03/29/07--01042--019 \*\*25.00

O7 HAR 29 AT H: 38
DIVENTO STANFORDA

O7 MAR 29 PH 3: 1 SECRETARY OF STA ALLAHASSEE, FI DO

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_\_\_\_ Fictitious Name File Trade/Service Mark\_\_\_\_\_ Merger File\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing\_\_\_\_ Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_\_\_ Fictitious Search Fictitious Owner Search\_\_\_\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_\_\_ Requested by: UCC 1 or 3 File\_\_\_\_\_ UCC 11 Search Name UCC 11 Retrieval\_\_\_\_\_

Courier\_

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## ASSISTED CASINO ENTERTAINMENT, LLC (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on February 28, 2007 and assigned document number L07000022493.				
SECOND:	The following amendment to the Articles of Organization was adopted by the limited liability company:				
	The name of the corporation shall be changed to <b>ASSISTED CASISTENTERTAINMENT SERVICES</b> , <b>LLC</b> , effective on the date approved by Secretary of State.				
Dated	this <u>29</u> day of <u>nec4</u> , 2007.				
	(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				

Charles E. Garris, Authorized Representative

### STATE OF FLORIDA

COUNTY OF INDIAN RIVER				
Sworn to and subscribed	before me by	CHARLES I	E. GARRIS t	his <u>28</u> 44 day of
March	_, 2007.			
<b>0</b>				
Stulya				
Commit Commit				
Floride Notery Assa, Inc.				
(Print, type, or stallip commission	ied			
name of notary public)				
Personally known	or produced ide	entification		
Type of identification prod	uced			