

L07000048386

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SECRETARY OF STATE
TALLAHASSEE, FL 09107

J. BRYAN

SEP 29 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXOR ARCADE, 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:

SCOTT HARTMAN

Name of Person

FOSTER JENNINGS INC.

Firm/Company

260 MADISON AVE., 8TH FLOOR

Address

NEW YORK, NY 10016

City/State and Zip Code

SHARTMAN@FOSTERJENNINGS.COM

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

For further information concerning this matter, please call:

SCOTT HARTMAN

Name of Person

at (646)

862-1511

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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11 SEP 28 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUXOR ARCADE, LLC

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

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13 SEP 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 7, 2007 and assigned
Florida document number L07000048386.

This amendment is submitted to amend the following:

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

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)

12314 Quail Roost Drive

Miami, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

260 MADISON AVE., 8TH FLOOR

NEW YORK, NY 10016

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:

Martin S. Simkovic

New Registered Office Address:

175 S.W. 7th Street, Suite 2009

Enter Florida street address

Miami

City

, Florida

33130

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 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.


If Changing Registered Agent, Signature of New Registered Agent

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:

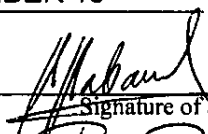
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RABANAL, ROVER	6619 SOUTH DIXIE HWY #201 MIAMI FL 33143 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMBEN FINANCIAL LLC	260 MADISON AVE., 8TH FLOOR NEW YORK, NY 10016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 15, 2011



Signature of a member or authorized representative of a member

Rover Rabanal

Typed or printed name of signee

SECRETARY OF STATE
SALLAH MASSEH, PH.D. (D)

SEP 28 AM 10:22

FILED