

LO7 000072051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

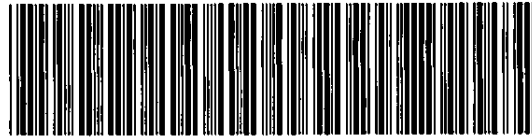
(Business Entity Name)

(Document Number)

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2010 FEB 16 AM 11:00  
SECRETARY OF CORP  
TALLAHASSEE, FLORIDA

T. CLINE

FEB 17 2010

EXAMINER

No \$



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2010

ANGELA BARNES  
5126 S. CONWAY ROAD  
ORLANDO, FL 32812

SUBJECT: GAME ZONE OF ORLANDO, LLC  
Ref. Number: L07000072051

We have received your document for GAME ZONE OF ORLANDO, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 810A00001900

2010 FEB 16 AM 11:00  
TALLAHASSEE, FL 32314

611.100

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Game Zone of Orlando, 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:

Angela Barnes  
Name of Person  
Game Zone  
Firm/Company  
5126 S. Conway Road  
Address  
Orlando, FL 32812  
City/State and Zip Code  
Angieb6129@yahoo.com  
E-mail address: (to be used for future annual report notification)

2010 FEB 16 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela Barnes at 407 808-6316  
Name of Person 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

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

\_\_\_\_\_  
**(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 7/11/2007 and assigned  
Florida document number L07000072051

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)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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 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>  |
|--------------|-------------------|--|--|
| MGRM         | Leonardo Caminero | 465 Mandalay Rd.<br>Orlando, FL 32809        | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Neil Tour         | 17640 Braddock Oak Drive<br>Orlando FL 32837 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

January 7, 2010

Signature of a member or authorized representative of a member

Leonardo Caminero

Neil Tour

Typed or printed name of signee