

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>**LO8000003463**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000237232 3)))



H140002372323ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THERREL BAISDEN, P.A.  
Account Number : I20140000065  
Phone : (305) 371-5758  
Fax Number : (305) 371-3178

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NDanielso@therrelbaisden.com

RECEIVED

14 OCT -9 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COLISEUM LANES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 10 2014

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

H140002372323

SUBJECT: Coliseum Lanes, 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:

Nicholas M. Daniels, Esq.

Name of Person

Therrel Baisden, P.A.

Firm/Company

1 SE 3rd Avenue, Suite 2950

Address

Miami, Florida 33131

City/State and Zip Code

NDaniels@TherrelBaisden.com

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

For further information concerning this matter, please call:

Nicholas M. Daniels, Esq.

Name of Person

at ( 305 ) 371-5758

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

H140002372323

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

H140002372323

Coliseum Lanes, 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 02/01/1961 and assigned Florida document number 108000003463.

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 "LLC."

Enter new principal officers 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:

Mitchell Margolies

New Registered Office Address:

1048 Fairfax Lane

Enter Florida street address

Weston

City

Florida 33326

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 605, 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.*

X Margolies  
If Changing Registered Agent, Signature of New Registered Agent

H140002372323



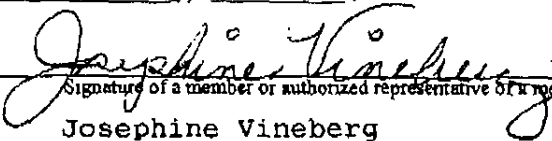
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We would like to add Susan Klopfer as Vice President  
of Coliseum Lanes, LLC

H140002372323

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_

x   
Signature of a member or authorized representative of a member  
Josephine Vineberg  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 OCT -9 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H140002372323