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SECNETARY OF STATE

K.SALY EXAMINER OCT 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUDJECT.	VEGAS MAI	NAGEMENT, LLC	•		
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	Articles of A	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
		JAMES F. LOWY			
			Name of Person		
		MANAGING MEMBER, V	EGAS MANAGEMENT	, LLC	
			Firm/Company		
		14375 MYER LAKE CIRCI	LE		
			Address		
		CLEARWATER, FL 33760			
			City/State and Zip Code		
		JAMESLOWY@GMAIL.CO			
		E-mail address: (to	be used for future annual re	eport notification)	
For further inf	formation con	cerning this matter, please call	l: '		
JAMES F. LC	OWY		813 288- at ()	-9525	
	Name of P	erson	Area Code	Daytime Telephor	ne Number
Enclosed is a	check for the	following amount:			
\$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	.,	\$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

FILED
2015 OCT 15 PM 3:21

FALLAHASSEE. FLORIDS

VEGAS MANAGEMENT, 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 Com	npany were filed on	2/6/2008	and assigned
Florida document number L08000013306			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	ne designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		on our records, enter the	ne name of the new
Name of New Registered Agent.			
New Registered Office Address:		Florida street address	
	Enter		
	City '	, Florida	7:- C- J-
N. B. C. L. A. C. C. C. L. B. C. L.	•		Zip Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance nt as provided for i	of my duties, and I am fai in Chapter 605, F.S. Or, if	miliar with and this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JACQUELINE LOWY REVOCAB	14375 MYER LAKE CIRCLE	■ Add
		CLEARWATER, FL 33760	□ Remove
			□ Change
AMBR	BLUEWATER MEDIA, LLC	14375 MYER LAKE CIRCLE	■ Add
		CLEARWATER, FL 33760	□ Remove
			Change
			AHA Change
			Change PH Change
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ffective date, if other t	han the date of f	iling:		(option:	al)
an effective date is listed, the Note: If the date inserted	e date must be specifi	c and cannot be prior	to date of filing or mor	e than 90 days after fill requirements, this da	ng.) Pursuant to 605.0207 ate will not be listed as
ocument's effective date				•	
e record specifies a The 90th day after			t an effective tin	ne, at 12:01 a.n	n. on the earlier of
The 90th day after	the record is in	eu.			
OCTOBER 7th		2015			
Pated			<u> </u>		
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Filing Fee: \$25.00