L08000015813

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C. LEWIS

JUL 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Samurai Entertainment, LLC Name of Limited Liability Company
The state of Emiliar State of Emily Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Workens Name of Person
Name of Person
Samurai Entertainment, LLC
Firm/Company
5500 Military Trail #22-224 Address
Jupiter, Florida 33458
Jupiter, Florida 33458 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Workens at (786) 525-9395 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

2009 JUL -6 PM 3: 24

Samari Enter (Name of the Limited Liability Co. (A Florida Lim	tainment, L ompany as it now appea ited Liability Company)	SECRETARY OF STATE SECRETARY OF STATE ACC. TALLAHASSEE. FLORIDA ars on our records.)
The Articles of Organization for this Limited Liability Com	pany were filed on	May 13, 2009 and assigned
Florida document number <u>L08600215813</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company he	ere:
Samurai Entertainment, L. The new name must be distinguishable and end with the words "L.L.C."	LC "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
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 registere registered agent and/or the new registered office address	ed office address on s here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	Citv	, Florida Zip Code

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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>	Address	Type of Action		
			Add Remove		
			Remove		
			Add Remove		
			Remove		
			Add Remove		
			AddRemove		
D. Ifame	ending any other information, ente	r change(s) here: (Attach additional shee			
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-			JUL-6 PM		
Dated	,	<u></u>	PM 3: 25 OF STATE E.FLORIDI		
	Signature of a Rober	member or authorized representative of a me	<u> </u>		
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00