

L08000054614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

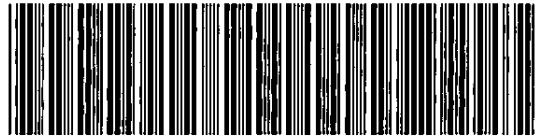
(Business Entity Name)

(Document Number)

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12/04/09--01044--002 \*\*30.00

B. KOHR

DEC - 8 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC -4 AM 10:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPERATORS USA, LLC  
Name of Limited Liability Company

FILED IN  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 DEC - 14 AM 10:11

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER C. RAMIREZ

Name of Person

OPERATORS USA, LLC

Firm/Company

8757 NW 35th LANE

Address

MIAMI, FL 33172

City/State and Zip Code

controller@ligcasino.com

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

For further information concerning this matter, please call:

Alexander C. Ramirez

Name of Person

at ( 305 )

392-3981

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**

**OPERATORS USA 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 06/03/2008 and assigned  
Florida document number L08000054614.

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)**

4676 NW 183th St

Miami Gardens, FL 33055

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same as above

**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:

Alexander C. Ramirez

New Registered Office Address:

4676 NW 186th St

*Enter Florida street address*

Miami Gardens

*City*

Florida

33055

*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.*

*(Signature)*  
**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

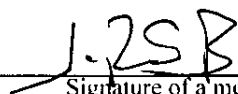
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Miguel Roye	8757 NW 35th Lane Miami, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jackson Suarez	8757 NW 35th Lane Miami, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alexander C. Ramirez	4676 NW 183th St Miami Gardens, FL 33055	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 02, 2009



Signature of a member or authorized representative of a member

Jackson Suarez

Typed or printed name of signee