L08000054614

•					
(Requestor's Name)					
(Address)					
(Address)					
(,)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



600184201296

600184201296 08/18/10--01013--024 **25.00



S. HAWKES AUG 1 9 2010 EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CCT:	OPERAT	TORS USALLC			
		Name of Lim	ited Liability Company		······	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	•	A	LEXANDER RAMIRE	Z		
			Name of Person			
ď	4: wy = = = = = = = = = = = = = = = = = =					
			Firm/Company			•
8757 NW 35 LN						
			Address			
			MIAMI, FL 33172			
			City/State and Zip Code			
	CONTROLLER@LIGCASINO.COM E-mail address: (to be used for future annual report notification)					
For furt	her information o	concerning this matter, please of		or normeation)	,	
		NDER RAMIREZ	at (305)	392-	6981	
	Name o	of Person		Daytime Telep	hone Number	_
Enclose	ed is a check for t	he following amount:				
▼ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &

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	S USA, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears (Liability Company)	on our records.)				
•						
The Articles of Organization for this Limited Liability Company	were filed on	06/03/2008	and assigned			
Florida document numberL08000054614			FILED R			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:		19 H			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company	," the designation "L	Le an the abbreviation			
Enter new principal offices address, if applicable:	8757 NW 35 LI	. ·				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 331					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
(Mulling Matress MAT BE AT OST OTTICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, enter t	he name of the new			
·						
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 = Ma MGRM = 1	anager Managing Member		
Title .	Name	Address	Type of Action
MGR .	JOEL MORALES	8757 NW 35 LN MIAMI, FL 33172	Add V Remove
MGR	ORENCIO MORANTE	8757 NW 35 LN MIAMI, FL 33172	Add Remove
	.		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	 ary.)
			<u> </u>
_			
Dated	1 Dun		
	Signature of a men Oly auder Ty	Der or authorized representative of a member August 2 ped or printed name of signee	

Page 2 of 2
Filing Fee: \$25.00