(08000063952

, (Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
. PICK-UP	WAIT	MAIL		
· (Bu	siness Entity Nam	ne)·		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			

Office Use Only



600163116926

12/01/09--01023--007 **75.00

2009 DEC - 1 AH ID: OH SECKETARY OF STATE TALLAHASSEE, FLORID 4797

T. CLINE

DEC - 2 2009

EXAMINER

Collins & Graske

Attorneys & Counselors at Law 333 S. Main Street, Suite 304, Akron, Ohio 44308 Ph 330.374.6906 Fx 330.374.6908

> John C. Collins Leslie A. Graske Rachel K. Hagenbush

November 30, 2009

Florida Secretary of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Famous Spin-Win Arcade, LLC

Spin-Win Arcade, LLC

Spin-Win Amusements, LLC

To Whom It May Concern:

Please find enclosed herein a check for \$75.00 along with three (3) Articles of Amendment to Articles of Organization of the above-referenced companies. Please file these documents upon receipt.

Should you have any questions, please contact me at 330.535.7987.

Very truly yours,

Rachel K Hagenbush

COVER LETTER

Division of Co					
subject: Far	19-10	Arcade, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondence	ondence concerning this matte	r to the following:			
	Jo	ohn C. Collins, Esquire			
		Name of Person			
	Je	ohn C. Collins Co LPA			
		Firm/Company			
•	333 S	outh Main Street, Suite 304			
•		Address			
		Akron, Ohio 44308			
•		City/State and Zip Code		500 8	
		jcatty2@aol.com		7999 E	3-13-1
	E-mail address: (to be used for future annual report notif	ication)	超過	anderse D F
For further information of	concerning this matter, please of	call:		SSET	
Ract	nel Hagenbush	at (330)	535-7987		brings 2
Name o	of Person	Area Code & Daytim	e Telephone Number	AH 10: 04 OF STATE OF STATE	
Enclosed 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 enclosed	l) Certified	te of Status &	ed)

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

<u>Famais Spin-Win</u>					
(Name of the Limited Liability C (A Florida Lin	Jompany as it now appermited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on	6/30/2005	and assi	gned	
Florida document number <u>LO 8600063957</u>		• •			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company h	ere:			
The new name must be distinguishable and end with the words "L.L.Ç."	s "Limited Liability Com	pany," the designation	n "LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:		····			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		1886.		
			A PARTIES	***	
			-) ARY ASSE	£	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			5 5	***	
			<u> </u>		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		our records, ente	r the name of	f the new	
Name of New Registered Agent:					
New Registered Office Address:	·	7 77 47			
	Enter Florida street address				
	City	, Florida	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 = Manager MGRM = Managing Member Title <u>Name</u> Address **Type of Action** Eric Miller MGRM 2644 SW Rivershore Drive ✓ Add Remove Port St. Lucie, FL 34984 John C. Collins ATTY 333 S. Main Street, Suite 304 Remove Akron, Ohio 44308 ☐ Add ☐ Remove Remove [17] D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) John C. Collins is not and at no time was ever a member and/or managing member of this LLC. John C. Collins is only the Registered Agent for this LLC and does not now nor has he ever had an ownership interest in this LLC. October 30 Dated

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00