## 10800008652

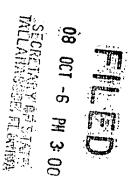
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## **COVER LETTER**

TO: Registration Se Division of Corp			
SUBJECT: SPIN TO	O WIN CYBER CAP	E LLC	
	(Name of Lim	ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspon	ndence concerning this matter	to the following:	
	JILL F BECHTOLD, ESC	2	
		(Name of Person)	,
	MATHIS & MURPHY, P.	Α.	
		(Firm/Company)	
	50 NORTH LAURA STR	EET, SUITE 1700	
		(Address)	-
	JACKSONVILLE, FLORI		<del></del>
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
JILL F BECHTOLD, ES		at (_904_ <sub>)</sub> 356-4500	
(Name o	f Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ix 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIN TO WIN CYBER CAFE 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 AUGUST 22, 2008 and assigned Florida document number L08000080652 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: "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

	anager Managing Member		
<u>'itle</u>	<u>Name</u>	Address	Type of Action
IGMR	BILLY EDMONDS	850 NE 197TH AVENUE OLD TOWN, FL 32680	Add Remove
GMR_	CHRISTOPHER OSTEEN	850 NE 197TH AVENUE OLD TOWN, FL 32680	Add Remove
			- D
			Add Remove
			Add Remove
). If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if n	necessary) w
- -			
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Page 2 of 2

Filing Fee: \$25.00