

L08000105481

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(Address)

(Address)

(City/State/Zip/Phone #)

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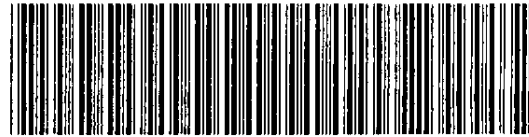
(Business Entity Name)

(Document Number)

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FILED
2011 FEB 15 AM 11:26
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 16 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAME ON WINTER HAVEN, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CATHERINE IRENE KAPLANIS

Name of Person

GAME ON WINTER HAVEN, LLC

Firm/Company

6370 CYPRESS GARDENS BOULEVARD

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

STANJAYNE@MSN.COM

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

For further information concerning this matter, please call:

STANLEY T. JAYNE

Name of Person

at (863)

324-5157

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

FILED

2011 FEB 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GAME ON WINTER HAVEN 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 NOVEMBER 12, 2008 and assigned
Florida document number L08000105481.

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)

6370 CYPRESS GARDENS BOULEVARD

WINTER HAVEN, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6370 CYPRESS GARDENS BOULEVARD

WINTER HAVEN, FL 33884

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:

6370 CYPRESS GARDENS BOULEVARD

Enter Florida street address

WINTER HAVEN

, Florida

33884

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	M C BAILEY	160 COMMONWEALTH COURT N ST. PETERSBURG, FL 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CATHERINE I. KAPLANIS	6370 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STANLEY T. JAYNE	6370 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	<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.)

EFFECTIVE DATE OF CHANGES: MARCH 15, 2010

Dated FEBRUARY 10, 2011

Signature of a member or authorized representative of a member

CATHERINE IRENE KAPLANIS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 15 AM 11:26

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