

L08000107998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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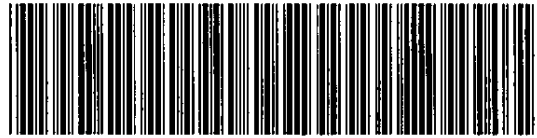
(Business Entity Name)

(Document Number)

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FILED
09 AUG - 6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. 2009 AUG - 7 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAME ON METRO WEST, 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:

BRAD M. WOLFE

Name of Person

SLUTZKY, WOLFE AND BAILEY, LLP

Firm/Company

2255 CUMBERLAND PKWY, BLDG 1300

Address

ATLANTA, GA 30339

City/State and Zip Code

smn@swbatl.com

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

For further information concerning this matter, please call:

BRAD M. WOLFE

Name of Person

at (**770**)

438-8000

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
09 AUG -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

GAME ON METRO WEST, 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 20, 2008 and assigned
Florida document number L08000107998.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GAME ON BOCA, LLC

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)

17394 ANTIGUA POINT WAY

BOCA RATON, FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17394 ANTIGUA POINT WAY

BOCA RATON, FL 33487

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:

17394 ANTIGUA POINT WAY

Enter Florida street address

BOCA RATON

City

, Florida

33487

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

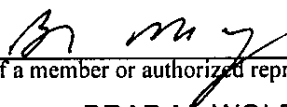
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IRENE KAPLANIS	17394 ANTIGUA POINT WAY BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	M.C. BAILEY	6370 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 4, 2009


Signature of a member or authorized representative of a member

BRAD M. WOLFE

Typed or printed name of signee

09 AUG -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED