## L09000009804

(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
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S. HAWKES
SEP 2 8 2009
EXAMINER

## COVER LETTER

TO: Registration Division of C				
SUBJECT:	Texas Hold'e	m Poker Tours, LLC		
	Name of Limit	ed Liability Company	As a financial control of the contro	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		Carol Ann Johnson		
		Name of Person		
Texas Hold'em Poker Tours, LLC				
		Firm/Company		
		P. O. Box 100964		
		Address		
	Pal	m Bay, FL 32910-0964		
		City/State and Zip Code		
		texasholdempokertours.com  o be used for future annual report notificat	ion)	
For further information	n concerning this matter, please c	·	,	
<del></del>	rol Ann Johnson	at ( 321 ) 25  Area Code & Daytime T	58-5060	
Nam	e of Person	Area Code & Dayume 1	erepnone Number	
Enclosed is a check fo	r 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

Texas H	<u> Hold'em Poker Tours, I</u>	L <u>LC</u>	
( <u>Name of the Limited Li</u> (A Fi	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number L090000980		1/29/2009	and assigned
This amendment is submitted to amend the follows  A. If amending name, enter the new name of the	ing:	र्नृ	LC" or the abbreviation
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	le:		2
(Principal office address MUST BE A STREET	ADDRESS)		-7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	)X)		
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street add	ress
_		, 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Timothy Lee Shaffer		Add
		Cocoa, FL 32923	Remove 7
			and the second of the second o
			Add S Remover
			ن الماران
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information,	enter change(s) here: (Attach additional sheets, if necessary	<del></del> )
<del>v</del>		· · · · · · · · · · · · · · · · · · ·	<u></u>
			<del></del>
<u></u>			
Dated	September 22		
_	Ciar - L	per Com Alman	
	Signature	c of a member or authorized representative of a member  Carol Ann Johnson	
_		Typed or printed name of signee	<u></u> ,

Page 2 of 2

Filing Fee: \$25.00