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T. CLINE

APR 1 3 2010

EXAMINER

SECRETARY OF STATE

2010 APR 12 AM H: 1:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Texas Hold'em Poker Tours, LLC	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager re filing.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	do:
Stephanie Clary	
(Contact Person)	
Texas Hold'em Poker Tours, LLC	
(Firm/Company)	
P. O. Box 100964	2010 APR 12 AM N: 13 SECRETARY OF STATE TALLAMASSEE, FLORID
(Address)	PR PR
Palm Bay, FL 32910-0964	APR 12 AT
(City/State and Zip Code)	TES TO
For further information concerning this matter, please ca	
Stephanie Clary at (321	283-5964
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Texas	Hold'em P	oker Tours, LI	LC	
(Name of the Limited (A	Florida Limited I	Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company were filed on			and assigned	
Florida document number L09000009	<u>804</u> .			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ited Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	able:	2201 Elm St		2010 TAL
(Principal office address MUST BE A STREET ADDRESS)				CR PR
		Oviedo, FL 32	2765	25 5 T
				SERVICE IN
Enter new mailing address, if applicable:		,		To T
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			REFE TO
B. If amending the registered agent and/or the new registered of			ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Matthew T.	Ehlert		
New Registered Office Address: 2201 Elm St				
		Ente	er Florida street ad	ddress
•		Oviedo	, Florida _	32765
•		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>	Name	Address	Type of Action
MGRM	Carol Ann Johnson	1505 Waldorf Cir NE Palm Bay, FL 32905	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			
D. If amendi	ing any other information, en	er change(s) here: (Attach additional sheets, if neces	2010 APR 12 AMI SECRETARY OF S
			OF STATE
Dated	December 31	, <u>2009</u> .	
-	6:		
	Signature of	a member or authorized representative of a member Matthew T. Ehlert	
-		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00