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EXAMINER



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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LET IT RIDE ARCADE 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:

NATALIE BURNS

Name of Person

NATALIE M. BURNS, P.L.

Firm/Company

800 Village Square Crossing, Ste 337

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

shartman@fosterjennings.com

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

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For further information concerning this matter, please call:

Natalie Burns

Name of Person

at (**561**)

267-0104

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**

LET IT RIDE ARCADE 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 03/25/200 and assigned

Florida document number L000002125

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)

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: LUXOR ARCADE #2 CORP.

New Registered Office Address: 10855 SW 72 St #44

Enter Florida street address

Miami, Florida 33173
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.

Scott Hartman
If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS
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LUXOR
ARCADE #2
CORP.


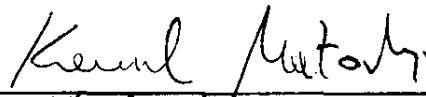
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REBECCI, BESNI	1456 COLD SPRINGS CT. WILMINGTON, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MATSON, EMAL	7106 S. MILITARY TRAIL LAKE WORTH, FL 33463	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMBEN FINANCIAL, LLC	1201 ORANGE STREET SUITE 800 WILMINGTON, DE 19801	<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.)

Dated August 21, 2012

 
Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee