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J. BRYAN

JUN 1 2 2009

EXAMINER

## **COVER LETTER**

	ration Secon of Corp				
SUBJECT:		Meeler	Solutions LLC		
SOBJECT			ited Liability Company		
The enclosed A	rticles of A	Amendment and fee(s) are sul	omitted for filing.		
Please return al	l correspoi	ndence concerning this matter	to the following:		
			Name of Person		
	Registered Agent				
Firm/Company					O SI
	1801 S Federal Hwy, Suite 300				N TECRI
Address				HAS IN	
Delray Beach, FL 33483				ARY OF	
	City/State and Zip Code				PH PH
		mik	e.park@id-gaming.com		09 JUN     PM  :59 SECRETARY OF STATE ALLAHASSEE. FLORID
For further info	rmation co	E-mail address: ( oncerning this matter, please o	to be used for future annual report no call:	otification)	
	Mi Name of	chael Park	at ( 561 )	272-5667 ime Telephone Number	<u> </u>
	Name of	1 (150)	rica code a Bayl	mie relephone ivamoe.	
Enclosed is a ch	neck for th	e following amount:			
\$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) Certified	te of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE AND A SECRETARY OF ST

Meeler Solutions 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 Lia	hility Company were filed on	April 23, 2009	and assigned
Florida document number L090000395		p	and assigned
Fiorida document number	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or	· registered office address on	our records, enter th	ne name of the new
registered agent and/or the new registered offi		<u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	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 **Type of Action Address Title** <u>Name</u> **MGRM** Lou Defrain 1801 S. Federal Hwy, Suite 300 ✓ Add Delray Beach, FL 33483 Remove Robert Conrad MGRM 1801 S Federal Hwy, Suite 300 Add A Remove Delray Beach, FL 33483 Add Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 15, 2009 Signature of a member or authorized representative of a member Łou Defrain Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00