## 609000087415

(Req	uestor's Name)	
(Add	ress)	
. (Addi	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	<del> </del>
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500170676585

03/04/10--01027--001 \*\*25.00

2010 MAR -4 AM 104

T. CLINE

MAR - 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT:	Poker	Patches, LLC			
		nited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
		Michael J. Gasdick			
		Name of Person			
	Si	anton & GAsdick, P. A.			
		Firm/Company			
	000 N. O.				
	390 N. Or	ange Avenue, Annex Suite 2	60		
	Orlando, FL 32801		··	MIN SEC	
		City/State and Zip Code		AR AR	7
	E-mail address:	@stantonandgasdick.com to be used for future annual report notifica	tion)	2010 MAR -4 SECRETARY TALLAHASSI	_
For further information	on concerning this matter, please	•	,	FT1 "	てしてにじ
	chael J. Gasdick		5203 x 105	AM 15 28 OF STATE E. FLORID	
Nan	ne of Person	Area Code & Daytime	Celephone Number	, i <sup>pa</sup>	
Enclosed is a check for	or the following amount:				
\$25:00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	ILING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

۲.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POKER	PATCHES, LLO	3		
(Name of the Limited Liability C (A Florida Lir	Company as it now app mited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liability Cor Florida document numberL09000087415	npany were filed on _	September 9, 2009	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company	here:		
ENDURA PO	KER STRIPS, LL	_C		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	mpany," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, FLORID	1 02	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		n our records, enter the		
New Registered Office Address:				
	Enter Florida street address			
		, 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	•		
			— n
			FTID and area
· · · · · · · · · · · · · · · · · · ·			7 - 17 - 18
			· · · · · ·
D. If ameno	ling any other information,	enter change(s) here: (Attach additional sheets,	
Dated	February 26		
	N	Acha Disolate of a member or alithorized representative of a member of a membe	and the second s
	Signatur	Michael J. Gasdick	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00