

LO9000092034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

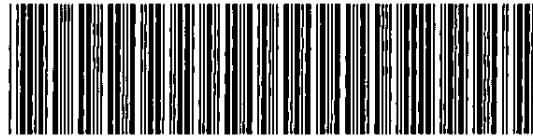
LO9-92034

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gump SEP 20 2011

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LUCKY SEVEN AMUSEMENT OPERATORS 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:

CESAR A. OSORIO

Name of Person

LUCKY SEVEN AMUSEMENT OPERATORS LLC

Firm/Company

10340 NW 12 PL

Address

PLANTATION, FL, 33322

City/State and Zip Code

KWINVEST@AOL.COM

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

For further information concerning this matter, please call:

CESAR A. OSORIO

Name of Person

at (305)

725-7305

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2011

CESAR A. OSORIO
10340 NW 12 PLACE
PLANTATION, FL 33322

SUBJECT: LUCKY SEVEN AMUSEMENT OPERATORS LLC
Ref. Number: L09000092034

We have received your document for LUCKY SEVEN AMUSEMENT OPERATORS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 611A00020723

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

11 SEP 20 AM 9:53

LUCKY SEVEN AMUSEMENT OPERATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 09/23/2009 and assigned
Florida document number L09000092034.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

10340 NW 12 PL

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL, 33322

Enter new mailing address, if applicable:

10340 NW 12 PL

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL, 33322

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:

CESAR A. OSORIO

New Registered Office Address:

10340 NW 12 PL

Enter Florida street address

PLANTATION

Florida

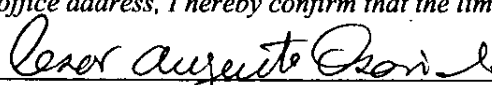
33322

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>	<u>Type of Action</u>
MGRM	HERNANDEZ, HECTOR	11438 SW 1ST STREET MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CESAR A. OSORIO	10340 NW 12 PL PLANTATION, FL 33322	<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
			<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 31, 2011

Signature of a member or authorized representative of a member

HECTOR HERNANDEZ

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA