

#L09000101517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 DEC 13 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

DEC 14 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POLYNESIAN 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, PL

Firm/Company

800 VILLAGE SQUARE CROSSING, STE 337

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

NATALIE@BURNSLAWFL.COM

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

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**

**POLYNESIAN ARCADE, LLC**

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

FILED  
12 DEC 13 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/21/2009 and assigned  
Florida document number L09000101517.

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)**

4340 Northwest Federal Highway

Jensen Beach, FL 34957

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4340 Northwest Federal Highway

Jensen Beach, FL 34957

**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:

REYNOLDS, JAMES B

New Registered Office Address:

4340 Northwest Federal Highway

*Enter Florida street address*

Jensen Beach

*City*

, Florida

34957

*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:

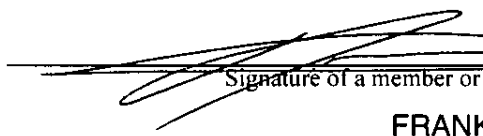
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	POMA, FRANK	2049 SW POMA DR PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	POMA, KIMBERLY	2049 SW POMA DR PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	POMA, JASON	2049 SW POMA DR PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	REYNOLDS, JAMES B	4340 Northwest Federal Highway Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOHNSON, ERIC	4340 Northwest Federal Highway Jensen Beach, FL 34957	<input checked="" 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 DECEMBER 10, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

FRANK POMA, MGRM

\_\_\_\_\_  
Typed or printed name of signee