

LI 00000097291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Gaspar PAY
AUTHORIZE NEW INFO TO
CORRECT title of Gaspar
DATE 10/4/10
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10/01/10--01007--017 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT - 1 AM 11:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Doc # L10000097291

Name of Limited Liability Company

SANTA LUCIA ARCADE E BINGO LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASPAR GARCES

Name of Person

SANTA LUCIA ARCADE E BINGO LLC

Firm/Company

9032 NW 12 STREET

Address

DORAL, FLORIDA 33172

City/State and Zip Code

ggarces@bellsouth.net

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

For further information concerning this matter, please call:

GASPAR GARCES

Name of Person

at (305) 471-8488

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

Santa Lucia Arcade E Bingo 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 09/17/2010 and assigned
Florida document number L 100 000 972 91

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) (Location of Business)
6649 South US Highway 1
Port Saint Lucie, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) (Mailing Address)
9032 NW 12 Street
Dooral, FL 33172 ATTN: GASPAR GARCES

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT - 1 AM 11:46

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:

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	GASPAR GARCES	9032 NW 12 ST DORAL, FL 33172	<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

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DIVISION OF CORPORATION
10-01-1
APR 16
10:01
Add
Remove
Add
Remove
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- THIS AMENDMENT IS. ① TO ADD TREASURER
② CORRECT THE PHYSICAL ADDRESS OF THE LLC.
③ TO ADD THE CORRECT MAILING ADDRESS FOR ALL DOCUMENTS & CORRESPONDENCE.

Dated

09/28/2010

Gaspar Garces

Signature of a member or authorized representative of a member

REGISTERED
AGENT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00