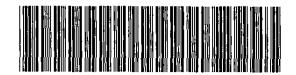
# L10000097291

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SECRETARY OF CLASE.
TALL AHASSEE CLASES.

B. BOSTICK SEP 0 3 2013

EXAMILIED

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: SP	nta Lucia Name of Limite	Arcade E Bi	ngo, LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Louis E.	Lozeau, Jr. Name of Person	
L	Inight, Ponsol.	d+ + Lozean Firm/Company	Trial Attorneys, LL
	1002 SE MO	nterey Common	ns Blud; Suite
	Stuart, 1 1102eau@1 E-mail address: (to	City/State and Zip Code  PltrialeHorne be used for future annual report notificat	y S. Com
For further information of	concerning this matter, please ca	11:	
Louis Loze	Person	at (112) 286 - 5 Area Code & Daytime To	S66 ALL ALL SSS
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 Gopy  (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 Arcad (Name of the Limited Liability Co (A Florida Limi	e E Birgo mpany as it now appears of ited Liability Company)	n our records.)	· 
The Articles of Organization for this Limited Liability Complete Florida document number <u>L10000097291</u> .	pany were filed on 8	23/2011	and assigned
This amendment is submitted to amend the following:			16 30 NASSE
A. If amending name, enter the new name of the limited  Santa Lucia Gamina	Solution, LLC	<u>.                                      </u>	PH 4:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	1181 5.16	ogers (	lirde
(Principal office address MUST BE A STREET ADDRES	Boca Ro	ton, Pr	33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1181 S. Ro Suite 5 Boen Rote	on, Fr.	33487
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, ente	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street a	address
		, Florida	
	City	<del></del>	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
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D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Managers' address should be amended to the new principal address.
	the new principal address.
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
Dated _	though 28, 2013.
	Signature of a member or authorized representative of a member
	Louis E. Lozean, Jr.  Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00