

L10000131197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

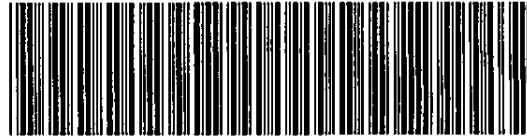
(Business Entity Name)

(Document Number)

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DEC - 6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC - 7 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BA ~~BO~~ CAESARS, 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:

Barry G. Segal, Esquire

Name of Person

Barry G. Segal, P.A.

Firm/Company

621 17th Street

Address

Vero Beach, Florid a 32960

City/State and Zip Code

drjoeabbate@aol.com

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

For further information concerning this matter, please call:

Barry G. Segal, Esquire

Name of Person

at (772)

567-5552

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

FILED

DEC -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BA CAESARS, 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 December 23, 2010 and assigned
Florida document number L10000131197.

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:

500 Renaissance Center

(Principal office address MUST BE A STREET ADDRESS)

Suite 501

Detroit, MI 48243

Enter new mailing address, if applicable:

500 Renaissance Center

(Mailing address MAY BE A POST OFFICE BOX)

Suite 501

Detroit, MI 48243

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:

Barry G. Segal, P.A.

New Registered Office Address:

621 17th Street

Enter Florida street address

Vero Beach

, Florida

32960

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.

[Signature]
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

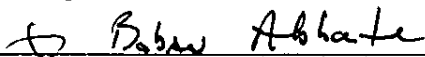
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Boban Abbate	2155 Seminole Shores Lane Vero Beach, Florida 32963	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joseph M. Abbate	500 Renaissance Center, Suite 501 Detroit, MI 48243	<input checked="" type="checkbox"/> 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 December 2, 2011



Signature of a member or authorized representative of a member



Typed or printed name of signee

FILED
11 DEC -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA