## LIIOUUUUZ813

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Ви                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

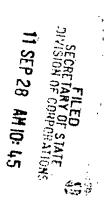
Office Use Only

B. KOHH SEP 29 2011 EXAMINER



000212514830

09/28/11--01031--007 \*\*60.00



## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor   |  |  | A SE   |
|---------------|--|--|--|--|
| SUBJE         | CCT:   | Miami Casino                               | Management, LLC  | 28   |
| 50152         |  |  | ted Liability Company  | TA SEP 28 MIG. 45  |
| The end       | closed Articles of   | Amendment and fee(s) are sub               | omitted for filing.  | 5  |
| Please 1      | return all correspo  | ndence concerning this matter              | to the following:  |  |
|               |  | Rene V                                     | W. Guim, Registered Agent  |  |
|               |  |  | Name of Person   |  |
|               |  | Miami                                      | Casino Management, LLC   | ·  |
|               | •  |  | Firm/Company   |  |
|               | 888 Brickell Key Drive, # 1501 Address   |  |  |  |
|               |  |  |  |  |
|               | Miami, FL 33131  |  |  |  |
|               |  |  | City/State and Zip Code  |  |
|               | rwguim@aol.com  E-mail address: (to be used for future annual report notification) |  |  | tion   |
| For fur       | ther information c   | oncerning this matter, please o            | ·  | anoily   |
|               | Re   | ne W. Guim                                 |  | 10-2545  |
|               | Name of  | f Person                                   | Area Code & Daytime T  | Celephone Number   |
| Enclose       | ed is a check for th   | ne following amount:                       |  |  |
| <b>□\$2</b> 5 | .00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | S55.00 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

FLED STATIONS SECRETARY OF CHARGOS LATIONS AND US

|   | Miami Casino Ma  | inagement, l                            | _LC                                   |                        |
|---|--|---|---------------------------------------|------------------------|
| (Name   | of the Limited Liability Compar<br>(A Florida Limited L    | ny as it now apper<br>iability Company) | ers on our records.                   |                        |
| The Articles of Organization for t                            | his Limited Liability Company                              | were filed on                           | January 7, 2011                       | and assigned           |
| Florida document number                                       | L11000002813   |   |                                       |                        |
| This amendment is submitted to a                              | mend the following:  |   |                                       |                        |
| A. If amending name, enter the                                | new name of the limited liab                               | ility company he                        | <u>re</u> :                           |                        |
| The new name must be distinguisha "L.L.C."                    | ble and end with the words "Limit                          | ted Liability Comp                      | any," the designation "LL             | C" or the abbreviation |
| Enter new principal offices add                               | ress, if applicable:                                       |   |                                       |                        |
| (Principal office address MUST                                | BE A STREET ADDRESS)                                       | ···································     |                                       |                        |
|   |  |   |                                       | <del></del>            |
| Enter new mailing address, if a                               | oplicable:   |   |                                       |                        |
| (Mailing address MAY BE A PO                                  | . =  |   |                                       |                        |
|   |  |   |                                       |                        |
| B. If amending the registered registered agent and/or the new | agent and/or registered off registered office address here | ice address on                          | our records, <u>enter the</u>         | name of the new        |
| Name of New Registered  | i Agent:   |   | · · · · · · · · · · · · · · · · · · · |                        |
| New Registered Office A                                       | Address:   | F.                                      | nter Florida street addres            |                        |
|   |  | E/                                      |                                       | na                     |
|   |  | City                                    | , Florida                             | 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>                          | Address  | Type of Action  |
|---------------|--------------------------------------|--|-----------------|
| MGR           | Richard Superstein                   | 10 Soft Wynd Drive<br>Santa Fe, NM 87508                 | Add<br>☐ Remove |
|               |                                      |  | Add Remove      |
|               |                                      |  | Add<br>Remove   |
|               |                                      |  | Add<br>Remove   |
|               |                                      |  | Add<br>Remove   |
| -             |                                      |  | Add<br>Remove   |
| D. If amen    | ding any other information, enter cl | hange(s) here: (Attach additional sheets, if necessary.) | <del></del>     |
|               |                                      | ·  | _<br>_          |
| <br><br>Dated | September 20                         | 2011   |                 |
|               | Rue                                  | mber br authorized representative of a member            | <del></del>     |
|               | Rene                                 | W. Guim, Registered Agent yped or printed name of signee |                 |

Page 2 of 2

Filing Fee: \$25.00