L11000020867

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B. KOHR APR 1 9 2011

EXAMINER



COVER LETTER

TO:	Registration S Division of Co		•	1 APR 15 M 9: 52
SUBJE	СТ:		LAS, LLC ted Liability Company	PR 15
		Name of Lim	ted Liability Company	Ex 9
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	.52
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Cł	HARLES R FROST JR	
			Name of Person	
			DALLAS, LLC	
			Firm/Company	
		905	SE 9TH TERRACE #G	
			Address	
		CA	PE CORAL, FL 33990	
			City/State and Zip Code	
		AQUA E-mail address: (1	A@AQUA-GAMING.COM to be used for future annual report notifications	ation)
For furt	her information	concerning this matter, please c	all:	
	REN	IEE OLDAKER	at (_239)5	74-0093
Name of Person		of Person	Area Code & Daytime Telephone Number	
Enclose	d is a check for t	he following amount:		
\$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

	DALLAS, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	5
The Articles of Organization for this Limited Liability Florida document numberL11000020867	Company were filed on	2/17/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	œ:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Takan and the salam of a salam is			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , , 	
Maung duiress MAT BE ATOST OFFICE BOA	- · · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
Name 2-1-1-1-1	City	, Florida	Zip Code
	~,		-p com

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 CHARLES R FROST JR 905 SE 9TH TERRACE #G **✓** Add Remove CAPE CORAL, FL 33990 ☐ Add Remove ☐ Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 12 Dated Signature of a member or authorized representative of a member CHARLES R FROST JR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00