L110000034970

(Requestor's Name)	}
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
	ļ
	Ì

Office Use Only



800199193588

03/25/11--01032--009 **25.00

ZOIL MAR 25 MO IL
SECRETARY OF STATE
FALLAHASSEE ORIDA
MAR 28 2010
MAR 28 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations			
SUBJECT:	RONREAGAI	N & DOG TRACK	(, LLC	
SUBJECT:		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
		CINDY McGAUGHA	AN	·
		Name of Person		
	GREG	W. DWORZANOW	SKI, P.A.	
		Firm/Company		
	1001	S. MacDill Avenue,	Suite B	
		Address		201 SE TAL
		Tampa, FL 33629	9	2011 MAR 25 SECRETARY ALLAHASSE
		City/State and Zip Code		R 25 TARY IASSE
		cmm@gwdpa.com	1	TTO .
		(to be used for future annual	report notification)	OF STAT
For further information	n concerning this matter, please	call:		FLORIDA
Cin	ndy McGaughan	at (_813)	251-2900 X 2	207
	e of Person		e & Daytime Telephone N	umber
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee of Certified Copy (additional copy)	Cer is enclosed) Cer	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Regi: Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	Registra Division	T/COURIER ADDRE ution Section of Corporations Building	SS:

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>AN & DOG TRACI</u>			-	
(Name of the Limited Liabili (A Florida	ty Company as it now app Limited Liability Compan	ears on our records.)			
The Articles of Organization for this Limited Liability Florida document numberL11000024970	Company were filed on _	February 28, 2011	and a	assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	nited liability company l	<u>iere</u> :			
50 & CH	CKASAW TRAIL,LL				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "LL	.C" or th		viation
Enter new principal offices address, if applicable:			SEC	2011	
(Principal office address MUST BE A STREET ADD	PRESS)		A A A A	Žie-	
Enter new mailing address, if applicable:			ARY OF STASSEE. FLO	R 25 AM E	
(Mailing address MAY BE A POST OFFICE BOX)			ATE ORIDA	#	
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:		our records, <u>enter th</u>	e name	e of the	e new
New Registered Office Address.	Enter Florida street addre	er Florida street address			
		, Florida			
	City		Zip Co	ode	

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, <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	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			□ Domous
			SEC.
			AHA Ados
			10 S
			
		-	<u> </u>
D. If amend	ding any other information,	enter change(s) here: (Attach additional shee	els, if necessary.)
			
Dated	March 3		
	(ll de	
	Signatur	e of a member or authorized representative of a me	ember
		MICHAEL J. LEEDS Typed or printed name of signee	
		- 2 h - 2 c h	

Page 2 of 2

Filing Fee: \$25.00