## 11000035163

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Special Instructions to Filing Officer:

L. SELLERS

NOV. 49 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

NOV 29 PH & 23

Nov. 3, 2011

My return address is: 249 9<sup>th</sup> street SE, Winter Haven, Florida 33880.

My phone number is 863-291-8188.

Thank you,

Leon E. Essex

## COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Southern Pi	nball Festival LLC				
	Name of Limit	ted Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
	Leon Essex					
Name of Person						
	Southern Pinball Festival LLC					
	Firm/Company					
	249 9th Street SE					
	Address					
	Wint	er Haven, Florida 3388	30			
City/State and Zip Code						
	E-mailed-ham (4	mmrep@gate.net o be used for future annual repor	t notification)			
	·	·	t notification)			
For further information con	cerning this matter, please c	ali:				
Lec	on Essex	at ( 863 )	291-8188			
Name of P	Person	Area Code & I	Daytime Telephone Number	टा		
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 end	closed) Certifie	ate of Status &		
				•		
REAFT TH	G ADDRESS:	CTDFET#*	OURIER ADDRESS:			
Registrati	ion Section	Registration	Section	<u>.</u> .		
Division of Corporations P.O. Box 6327		Division of C Clifton Build		. (		

2661 Executive Center Circle

Tallahassee, FL 32301



November 9, 2011

LEON ESSEX 249 9TH STREET SE WINTER HAVEN, FL 33880

SUBJECT: SOUTHERN PINBALL FESTIVAL LLC

Ref. Number: L11000035163

We have received your document for SOUTHERN PINBALL FESTIVAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 411A00025456

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Pinball	restival LL	. <u></u>	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	irs on our records.	
The Articles of Organization for this Limited Liability Company v	vere filed on	March 23, 2011	and assigned
Florida document numberL11000035163			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	any," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del>, , , , , , , , , , , , , , , , , , , </del>
Enter new mailing address, if applicable:		···	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	<u> </u>
	Ei	nter Florida street address. Florida	
	City	To the second	ipo ide
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance ovided for in C	of my duties, and <b>≯</b> hapter 608, F.S. O	to imp the factorial in

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 Title ' <u>Name</u> **Address Type of Action** MGRM. Brian R. Jones 15711 Thoroughbred Lane ☐ Add Monteverde, Flroida 34756 √ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 3 2011 Dated\_ Signature of a member or authorized representative of a member Leon E. Essex Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00