

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKPOT SWEEPSTAKES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL R. CASSIANI
Name of Person

KASCO ENTERPRISES, LLC
Firm/Company

17140 WATERS EDGE CR.
Address

NORTH FORT MYERS FLORIDA 33917
City/State and Zip Code

DANCASSIANI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL CASSIANI at (262) 853-8010 - CELL
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 SEP 19 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JACK POT SWEEPSTAKES 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 AUGUST 10, 2011 and assigned Florida document number L11000091688.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KASCO ENTERPRISES LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

17140 WATERS EDGE CR.

NORTH FORT MYERS

FLORIDA 33917

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DANIEL R. CASSIANI

New Registered Office Address:

17140 WATERS EDGE CR.

Enter Florida street address

NORTH FORT MYERS, Florida 33917

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Daniel Cassiani
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.

Daniel R. Cassiani
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:

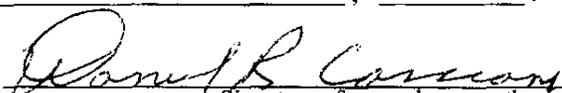
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<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.)*

MAILING ADDRESS
17140 WATERS EDGE CR.
NORTH FORT MYERS FLORIDA 33917

Dated _____


Signature of a member or authorized representative of a member

DANIEL R. CASSIANI
Typed or printed name of signee