L11000128308

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FIRETARY OF STATE

C. LEWIS

DEC 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINOLE TRIBE OF FLORIDA CHAMBER OF COMMERCE, UC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	F	ROBERT EDWA	RDS			
	Name of Person					
	BEHAR, GUTT & GLAZER					
		Firm/Company				
	2999 NE 1	91ST STREET	5TH FLOO	R		
		Address				
	AVENTURA, FL 33180					
City/State and Zip Code						
REDWARDS@BGGLAW.COM E-mail address: (to be used for future annual report notification)						
For further information conc	erning this matter, please c	eall:				
	Γ EDWARDS	at (_305_)_		31-3771		
Name of Pe	rson	Area C	Code & Daytime T	elephone Number		
Enclosed is a check for the f	ollowing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional cop		Certified (of Status &	

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

TILED

2011 DEC -2 PM 2: 16

SEMINOLE TRIBE OF FLORIDA CHAMBER OF COMMERCE STATE

(Name of the Limited Liability Company as it now appears on our records) ALLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document numberL1100012	• •	11/10/11	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Compa	uny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if appl.	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered office address on o	our records, <u>enter t</u>	the name of the new
New Registered Office Address:	2999 NE 191ST STREET	FIFTH FLOOR	
New Registered Office Address.		ter Florida street ada	
	AVENTURA	, Florida	33180
	City	,	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and complete performance gistered agent as provided for in Ch registered office address, I hereby	of my duties, and I description of the line of the lin	um Somiliar with and if this document is nited liability

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	w. p		Add
			Remove
	<u></u>		Add
			Remove
			∏Add
			Remove
			□ Add
			Remove
			∏Add
·····			Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
			
			
			-
			ON DEC
			ASSE ASSE
Dated		10.	EE.FL
	Signature of a member	rorlauthofized representative of a member	SECKETARY OF STATE ALLIAHASSEE, FLORIDA
		HAD PRESNELL or printed name of signee	.T>

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Filing Fee: \$25.00