

L120000014657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

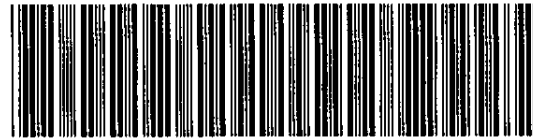
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
-12 MAY 22 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 23, 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

JOSEPH CARTOLANO
CARTOLANO & ALVERO, P.A.
11645 BISCAYNE BLVD SUITE 302
MIAMI, FL 33181

SUBJECT: SEMINOLE GAMING MANAGEMENT, LLC
Ref. Number: L12000016657

We have received your document for SEMINOLE GAMING MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00013702

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seminole Gaming Management, LLC
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:

Joseph Cartolano

Name of Person

Cartolano & Alvero, PA

Firm/Company

11645 Biscayne Boulevard, Suite 302-304

Address

Miami, Florida 33181

City/State and Zip Code

jcartolano@candalawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Cartolano

Name of Person

at (305)

899-6842

Area Code & Daytime Telephone Number

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 enclosed)

☐ \$60.00 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

FILED
12 MAY 22 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Seminole Gaming Management, 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 2/3/12 and assigned
Florida document number L12000016657

This amendment is submitted to amend the following:

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

Talako Gaming Management, 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)

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

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>	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

5/16/2012

Signature of a member or authorized representative of a member
Joseph Cartokano

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 22 AM 10:35

FILED