## L12000011273

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corpora			<i>5</i> -
SUBJECT: The	Cottery Ch Name of Limite	AN NEL LLC ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter t	o the following:	
_	-	Name of Person	
_	The Lot	tery Channel LL	<u>. C</u>
_	413 NE	31d AT Address	
	Delray B	Deach FL 33483 City/State and Zip Code	
	E-mail address: (to	over (1) The Chance be used for future annual report notification	NET WORK. TOME
For further information conce	rning this matter, please ca	alf:	
Marc Crown of Person	on √a( ^	at (321) 505 093 Area Code & Daytime Te	lephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1\$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

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The Lottery (  (Name of the Limited Liability (A Florida	Vannel CC y Company as it now appears of Limited Liability Company)	SECRETARY OF STATE FALL ABASSET FLORIDA on our records.)
The Articles of Organization for this Limited Liability (Florida document number L1,000071) +3		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		- Indiana in the second of the
New Registered Office Address:	Enter	· Florida street address
		, Florida
<del></del>	City	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** Marc C Cownover 811 18th Ave N Add MGRM Cake Worth, FC 33460 Remove Jason Ferrall 413 NE 31d St. Add MGRM De Vay Beach, Fl 33483 Remove 413 NE 3rd St Add Michael Lambert De Vay Beach, FL 33483 Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Please see the prior page - for Banking purposes
	we need all of ow member Title's to be the Same
	and are changing all to MGRM.
	<u> </u>
Dated	10 23 13
	Jason Ferrall
	Signature of a member or authorized representative of a member
	\ on Jun
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

