

32/13

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H130001724363ABC.

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS
 Account Number : I20110000083
 Phone : (305) 705-7922
 Fax Number : (786) 353-0976

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Araica Isabel@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 D & D GAMING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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 TALLAHASSEE, FLORIDA

AUG 08 2013

D. BRUCE



August 5, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D & D GAMING LLC
16616 SW 47 TERRACE
MIAMI, FL 33185

SUBJECT: D & D GAMING LLC
REF: L12000088114

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H13000172436
Letter Number: 013A00018671

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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D & D GAMING 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:

VICTOR DANIEL HERNANDEZ

Name of Person

D & D GAMING LLC

Firm/Company

16616 SW 47 TERRACE

Address

MIAMI, FL 33185

City/State and Zip Code

araicaisabel@gmail.com

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

For further information concerning this matter, please call:

ANA ISABEL ARAICA

Name of Person

at **(305) 649-7040**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D & D GAMING 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 07/06/12 and assigned Florida document number L12000088114.

This amendment is submitted to amend the following:

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

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

_____, Florida
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, 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>
MGRM	ALFONSO ANTEPARA MGMR	14601 SW 88th ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

2013 AUG - 1 AM 6:28
Remove
Add
Remove

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

Please add the Federal ID Number: 46-0558343

Dated **August 2nd**, **2013**


Signature of a member or authorized representative of a member

ANA ISABEL ARATCA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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