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## **COVER LETTER**

TO: Registration Division of	n Section Corporations
CUDICCT.	CRAZY LUCK ENTERTAINMENT LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all con	espondence concerning this matter to the following:
	Jean-François Leblanc
	Name of Person
	Crazy Luck Entertainment LLC
	Firm/Company
	2400 S. Hopkins Ave. STE D
	Address
	Titusville, Florida 32780
	City/State and Zip Code
	jfleblanc@sabiacorporation.com
	E-mail address: (to be used for future annual report notification)
For further informat	on concerning this matter, please call:
Jea	n-François Leblanc at (_561_) 324-9954
Na	me of Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25,00 Filing Fe	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

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12 OCT 26	PM	1:55

, '	Or	•	De CED
CRAZY	LUCK ENTERTAINME	ر NT LLC 5:	2 OCT 26 PM 1:52
(Name of the Limited	LUCK ENTERTAINME Liability Company as it now app Florida Limited Liability Company	ears on our records	CAHASSEE ELATE
The Articles of Organization for this Limited L Florida document numberL12000119	iability Company were filed on _	September 19,	2012 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and end wi "L.L.C."  Enter new principal offices address, if applications of the control	cable:	npany," the designation	on "LLC" or the abbreviation
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered o	or registered office address o	n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Jean-François Leblanc		
New Registered Office Address:	6695 Boynton Beach Blv	'd	
		Enter Florida street	address
	Boynton Beach	, Florida	33437
	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, A hereby, confirm that the limited liability company has been notified in writing of this change.

Page 1 of 2

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>	Address	Type of Action
MGMR	Jean-François Leblanc	6695 Boynton Beach Blvd Boynton Beach, Florida 33437	Add Remove
MGMR	Sabia Technologies, Corp	7491 W Oakland Park Blvd Suite 306 Lauderhill Florida 33319	Add Remove
			Add Remove
		•	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
 Dated	October 11 2	1012 M	
		er or authorized representative of a member Jean-Paul Sabini	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00