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2013 AUG 26 PH 4: 04

B. BOSTICK
AUG 2 7 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Deuces Wild 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:

Udoka "Dee" Nwosu

Name of Person

Deuces Wild Management, LLC

Firm/Company

4167 SW 66th Lane

Address

Davie, FL 33314

City/State and Zip Code

deuceswildmanagement@gmail.com

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

For further information concerning this matter, please call:

Dee Nwosu

{...}413、275-8946

Name of Person

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

Deuces Wild Management				
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	y as it now appears on eability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 7/22/20	13	and assigned
Florida document number L13000103957				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
Deuces Wild Sports & Entertainment,	LLC			
The new name must be distinguishable and end win "L.L.C."	th the words "Limit	ed Liability Company," t	he designation "LLC	or the abbreviation
Enter new principal offices address, if applic	able:	No change	TALL TALL	2013
(Principal office address MUST BE A STREET ADDI			2	
			(y).	28
			in g	P
Enter new mailing address, if applicable:		No change	ر نے ا <u>ت</u>	-
(Mailing address MAY BE A POST OFFICE	BOX)			<u></u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered off ffice address here	fice address on our r e:	ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:	No change			
New Registered Office Address:	No change			
		Enter Fi	lorida street addres	s
			, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
		-	Add
			Add Remove 26
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			PN Add
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		• • • • • • • • • • • • • • • • • • • •	Remove
			
			Remove
			
			
			Remove

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
:d	
	Ma Me
	Signature of a member or authorized representative of a member
	Mr. Udoka "Dee" Nwosu
	Typed or printed name of signee

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Filing Fee: \$25.00

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