115000013655

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SECRETARY OF STATE

FEB O 5 2015 J. HARRIS

COVER LETTER

TO: Registration So Division of Co			·
Banyon	Gaming, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dean B. Cross		
		Name of Person	
	Law Office of Josh B	Bennett, Esq. P.A.	
		Firm/Company	·····
	440 N. Andrews		
		Address	
	Ft. Lauderdale, FL 3	33301	
		City/State and Zip Code	
	dean@joshbennett.c		
		to be used for future annual report noting	fication)
For further information c	oncerning this matter, please ca	all:	
Josh Bennett		954 779-1661	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

Banyon Gaming, LLC		
(Name of the Limited I	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabi Florida document number <u>L15000013655</u>		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Banyan Gaming, LLC		- •
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC	or the abhreviation "EL.C."
Enter new principal offices address, if applicable	e:	FARE S TI
(Principal office address MUST BE A STREET A	IDDRESS)	28 AS
		me - m
Enter new mailing address, if applicable:		H 1:2
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flo	
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _□ Add _□ Remove □ Add □ Remove _□ Add □ Remove _□ Add _□ Remove □ Add □ Remove

f amending any oth	
he effective date must be the date this document is	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
The effective date must be	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

SECRETARY OF STATE