

L15000054445

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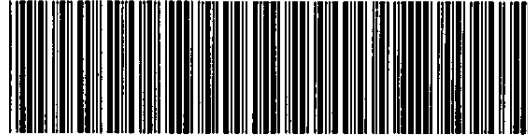
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1. Arch APR 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Gaming Development, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Ian Nesbitt, Esq.

Name of Person

Fromberg, Perlow & Kornik, P.A.

Firm/Company

20295 Northeast 29th Place, Suite 200

Address

Aventura, Florida 33180

City/State and Zip Code

gnesbitt@fpk-law.com

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

For further information concerning this matter, please call:

Gary Ian Nesbitt, Esq.

305

933-2000

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Florida Gaming Development, LLC

SECOND: The Florida Document number of the limited liability company is: L15 0000 54445 700271113537

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Manager's name was incorrectly listed as it was only her partial name.

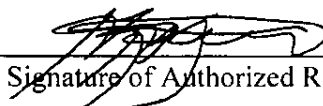
The complete and correct name of the Manager is JILLAIN M. OWENS.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed, and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

March 30, 2015

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)