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## COVER LETTER

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TO: Registration Division of C	Section orporations						
CUDICCE.	DOUBLE DO	WN HOLDINGS, LLC					
SUBJECT:	Name of Lim	ited Liability Company		-			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
		DANA M. SANTINO, E	ESQ.				
		Name of Person					
	7111	FAIRWAY DRIVE, SU	ITE 302				
		Firm/Company	<del></del>				
		Address					
PALM BEACH GARDENS, FL 33418							
City/State and Zip Code							
		TINO@DMSLAWGRO					
		to be used for future annual	report notificati	on)			
For further information	concerning this matter, please c	all:					
DANA M.	SANTINO, ESQ.	at ()	691-6045	7	<b>7</b>	2016	
Name	e of Person	Area Code	Daytime Tel	ephone Number		IS JAN	
Enclosed is a check for	the following amount:			(3) S L E	A A A A A A A A A A A A A A A A A A A	5	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en-		S60.00 File Certificate Certificate (additional	-Coby Beginsi	andes &	O

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

DOUBLE DOWN HOLDINGS, LLC		
( <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	08/13/2015	and assigned
Florida document numberL15000138310		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the ab	brevision "L.L.C."
Enter new principal offices address, if applicable:	200	
(Principal office address MUST BE A STREET ADDRESS)	(S)	0 -
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	A2E,	W. W
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flor	ida street address	
	, Florida	Zip Code
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHERYL CARACUZZO	344 RUDDER CAY WAY	Add
		JUPITER, FL 33458	Remove
			Change
			□ Remove
			☐ Change
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f an effective date is listed.  Note: If the date inserte	r than the date of filing: the date must be specific and co ed in this block does not med the on the Department of State	nnot be prior to da et the applicable	ate of filing or more t statutory filing re	(option 190 days after quirements, this	tiling.) Pu	rsuant to	605.0207 listed as t
	a delayed effective dater the record is filed.	te, but not ar	n effective time	e, at 12:01 a	a.m. on	the ea	rlier of
Dated	JANUARY 4	2015					
	dist						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00