

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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June 7, 2017

ANNA PARKER 4694 WAYCROSS DR COCONUT CREEK, FL 33073

SUBJECT: FLIPBOTTLZ LLC Ref. Number: L17000039681

We have received your document for FLIPBOTTLZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00011495

Octavia I Simmons Regulatory Specialist II

RECEIVED

ON JUNIO NO 1:50

SECRETARY COUNTER

ALLAHASSER, FLORIDA

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L17000039681</u> .	spany were filed on $\frac{02/20/17}{20/17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited PCH Ventures LLC The new name must be distinguishable and contain the words "Limited PCH Ventures LLC"	Head Liability company here: PCH Gaming LLC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SION OF COLUMNS
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new sisteme:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Name Designationed Assent's Signature if changing Designated A	gent:

New Registered Agent's Signature, it 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 = Authorized Member							
<u>Title</u>	Name	Address	Type of Action					
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EDOD A* . June 10	other than the dat	a of filing:		(opti	onal)
If an effective date is	listed, the date must be incorred in this block	specific and cannot be	prior to date of filing c	r more than 90 days after lling requirements, thi	r filing.) Pursuant to 605.020's date will not be listed as
document's effect	ive date on the Depar	tment of State's rec	cords.	•	
the record spec	ifies a delaved ef	fective date, bu	ıt not an effectiv	e time, at 12:01	a.m. on the earlier o
The 90th da	after the record	is filed.			
Dated	np. 1	20	17		
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Page 3 of 3

Filing Fee: \$25.00