

LM000101329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

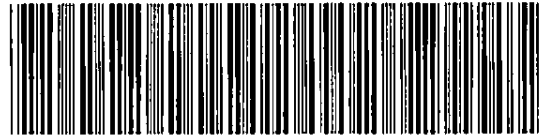
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 NOV 16 PM 3:29

*[Handwritten signature]*  
11/21/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2017

REINER & RINER PA  
ATTN: DAVID P REINER, II  
9100 S DADELAND BLVD., STE 901  
MIAMI, FL 33156

SUBJECT: GARDENS TROPICANA, LLC  
Ref. Number: L17000101329

We have received your document for GARDENS TROPICANA, LLC and check(s) totaling \$. However, your check(s) and document are being returned for the following:

The enclosed check #10767 is incomplete, as both the numeric and written amounts are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Milligan  
Senior Section Administrator

Letter Number: 817A00022453

2017 NOV 16 PM 12:30

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GARDENS TROPICANA 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:

DAVID P REINER II

Name of Person

REINER & RINER PA

Firm/Company

9100 SOUTH DADELAND BLVD SUITE 901

Address

MIAMI FLORIDA 33156

City/State and Zip Code

dpr@reinerslaw.com

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

For further information concerning this matter, please call:

DAVID P REINER II

Name of Person

at (305) 670-8282

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**

GARDENS TROPICANA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on MAY 8, 2017 and assigned  
Florida document number L17000101329

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*, **Florida** *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>	<u>Address</u>	<u>Type of Action</u>
MGR	OIDALET SANCHEZ	12199 SW 46 STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIRIAM SANCHEZ	12199 SW 46 STREET	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated Oct 31, 2017

Signature of a member or authorized representative of a member

David P. Reimer II, Attorney

**Filing Fee: \$25.00**

17 NOV 16 PM 3:29

SECRETARY OF STATE  
DIVISION OF CORPORATIONS