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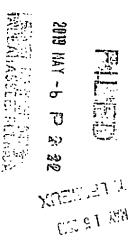
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJF		e Property Management II L	LC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Barry Edmonson		
		Gator State Property Mana	Name of Person gement II LLC	
		760 Village Center Dr - Sui	Firm/Company te 200	
		Burr Ridge, IL 60527	Address	
		bedmonson@meritgaming.c	City/State and Zip Code com	
			to be used for future annual report nouf	ication)
For fur	ther information e	oncerning this matter, please ca	all:	
Barry	Edmonson		630 320-3144 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Gator State Property Management II LLC

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

The Articles of Organization for this Limited Liability Company Florida document number L19000044596	were filed on 2/13/1	9 Als ASSET, Ed and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "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 of registered agent and/or the new registered office address here	ffice address on ou	·
Name of New Registered Agent:		
New Registered Office Address:		
- The state of the	Enter Florida s	treet address
		[2]
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my i	duties, and Lam familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	Gator State Holdings LLC		
		760 Village Center Dr - Ste 200	Add
		Burr Ridge, IL 60527	■ Remove
			☐ Change
MGR	Joseph Canfora	760 Village Center Dr - Ste 200 Burr Ridge, IL 60527	■ Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not mee	t the applicable	ate of filing or more statutory filing ro	(optiona than 90 days after filit quirements, this da	l) ig.) Pursuant to 605.02 te will not be listed
record specifies a delay he 90th day after the re	ed effective dat cord is filed.	e, but not ar	n effective tim	e, at 12:01 a.m	. on the earlier
May 3		2019			
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fm	Signature of a men	nher or authorize	d representative of a	mensher	
		uuuliUil/, b'	- representative UI i		

Page 3 of 3

Filing Fee: \$25.00