

L20000336662

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400359850564

02/16/21--01029--003 \*\*30.00

2021 FEB 17 PM 11:26

February 11, 2021

Matthew Branche, COO  
[matthew.branche@blacknight-gaming.com](mailto:matthew.branche@blacknight-gaming.com)  
+1(408)472-9438  
Blacknight Gaming, LLC  
8863 Backspin Lane  
Champions Gate, FL 33896

Hello,

To whom it may concern,

This letter is to help introduce the new changes to Blacknight Gaming's Articles of Organization. On January 08, 2021 at the quarterly FY21-Q1 business meeting, the membership of Blacknight Gaming voted to add 3 new members to the current membership. This will now bring the membership to a total of 10 members. Inside this packet should also include the official cover letter, the amendment form for the articles of organization, as well as a money order to cover both the filing fee, and a certificate of status.

Please don't hesitate to contact me if you have any questions or concerns on this subject.

Thank you,

Matthew Branche

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLACKNIGHT GAMING, 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:

MATTHEW BRANCHE

Name of Person

BLACKNIGHT GAMING, LLC

Firm/Company

8863 BACKSPIN LANE

Address

CHAMPIONS GATE, FL 33896

City/State and Zip Code

matthew.branche@blacknight-gaming.com

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

For further information concerning this matter, please call:

MATTHEW BRANCHE

408 472-9438  
at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLACKNIGHT GAMING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/23/2020 and assigned  
Florida document number L20000336662.

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

*City*

2021  
DEC  
10  
PM  
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	HAMMOND, MICHAEL	225 E. ROBINSON STREET SUITE 570, ORLANDO	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIETHAMER, BRETT	225 E. ROBINSON STREET SUITE 570, ORLANDO	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HILL, ADAM	225 E. ROBINSON STREET SUITE 570, ORLANDO	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

February 11, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee