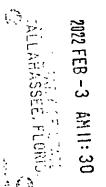
L21000412411

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



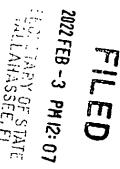
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FEB 0 4 2027 I ALBRITTON



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 456811 8316989

AUTHORIZATION : Sinell

COST LIMIT : \$\int 25.00

ORDER DATE: February 2, 2022

ORDER TIME : 9:23 AM

ORDER NO. : 456811-005

CUSTOMER NO: 8316989

DOMESTIC AMENDMENT FILING

NAME: LAS VEGAS BONANZA KITCHEN LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

10

COVER LETTER

ТО:		tration Section of Corpo			
SI (D IV)			nanza Kitchen LLC		
SUBJEC	UI: _		Name of Lim	ited Liability Company	
The encl	losed /	Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	ll corresponde	ence concerning this matter	to the following:	
				Name of Person	
				Firm/Company	
				Address	
				City/State and Zip Code	
		-	E-mail address: (i	to be used for future annual repor	t notification)
For furth	ner info	ormation conc	erning this matter, please ca	all:	
		Name of Pe	rson	at () Area Code D	aytime Telephone Number
Enclosed	d is a c	heck for the f	ollowing amount:		
□ \$ 25.	.00 Fil	ing 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)

TO:

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

Las Vegas Bonanza Kitchen LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09/17/2021	and assigned
Florida document number L21000412411	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Casper Holdings LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		2022 F
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		22 6
		NSS THE
Enter new mailing address, if applicable:		SSEET.IS
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a

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
			□Add
		-	□Remove
			□Change
		□Add	
		□Remove	
			☐Change
			□Add
		□Remove	
			□Change
		□Abb	
		□Remove	
		☐Change	
	·	□Add	
		□Remove	
			□Change
		□Add	
			□Remove

□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan eff <mark>Note:</mark>	ive date, if other than the date of filing: (optional) ective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor d is fil	d 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 led.
ated	,,
	Stanley Conway Signature of a member or authorized representative of a member
	Stanley Conway

Filing Fee: \$25.00