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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SHREVEPORT, LOUISIANA
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASINO ROYALE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Help

S. WARREN

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State: Casino Royale LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M17000004976

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 07/5/17

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Caicos Royale Casino LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
City 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

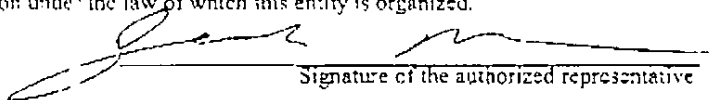
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Savannah Montalban, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

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17 JUL -5 AM 11:20
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****CAICOS ROYALE CASINO LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 12th day of September 2016.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 5th day of July, 2017, A. D.




Ted Vogt, Executive Director

By: 1589675

ARIZONA CORP COMMISSION
FILED

JUN 31 2017

FILE NO. _____

AZ Corp. Commission



05974273

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT*Read the Instructions L015!*

- 1.
- ENTITY NAME**
- give the exact name of the LLC as currently shown in A.C.C. records:

Casino Royale LLC

- 2.
- A.C.C. FILE NUMBER:**
- L21221008

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

- 3.
- ☒
- ENTITY NAME CHANGE**
- type or print the exact NEW name of the LLC in the space below:

Caicos Royale Casino LLC

- 4.
- ☐
- MEMBER'S CHANGE (CHANGE IN MEMBERS)**
- see
- Instructions L015!*
- Use one block per person -
-
- To REMOVE a member - list the name only of the member being removed and check "Remove member."
-
- To ADD a member - list the name and address of the member being added and check "Add member."
-
- To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
-
- To CHANGE NAME of existing member - list the current name, then the NEW name, and check "Name change."
-
- If more space is needed, complete and attach the
- Amendment Attachment for Member form L044*
- .

Name currently shown in A.C.C. records				Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member	

Name currently shown in A.C.C. records				Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member	

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS)** - Use one block per person -
 To REMOVE a manager - list the name only of the manager being removed and check "Remove manager."
 To ADD a manager - list the name and address of the manager being added and check "Add manager."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing manager - list the current name, then the NEW name, and check "Name change."
 If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

Name currently shown in AZ records		Name currently shown in AZ records	
New Name		New Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	City	State or Province
Zip		Zip	
Country		Country	
<input type="checkbox"/> Address change	<input type="checkbox"/> Add manager	<input type="checkbox"/> Address change	<input type="checkbox"/> Add manager
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager	<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE** - see Instructions L015 - check only one box below and follow instructions. All persons will be listed on the appropriate Attachment form.
☐ CHANGING TO MANAGER-MANAGED LLC - complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
☐ CHANGING TO MEMBER-MANAGED LLC - complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment.

7. <input type="checkbox"/> STATUTORY AGENT CHANGE - NEW AGENT APPOINTED - see <u>Instructions L015</u> :			
7.1 REQUIRED - give the name (can be an individual or an entity) and <u>physical or street address</u> (not a P.O. Box) in Arizona of the NEW statutory agent:		7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):	
Statutory Agent Name (required)			
Attention (optional)		Attention (optional)	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State Zip	City	State Zip
7.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.			

8. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE - ADDRESS OF CURRENT STATUTORY AGENT - complete 8.1 and/or 8.2:			
8.1 NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:		8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):	
Statutory Agent Name (required)			
Attention (optional)		Attention (optional)	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State Zip	City	State Zip

9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☐ Yes - go to number 10 and continue
☐ No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Address (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

10. ☐ **DURATION CHANGE** - check one to indicate the NEW duration or life period of the LLC:

- ☐ Perpetual
☐ The LLC's life period will end on this date: _____ (enter a date - mm/dd/yy)
☐ The LLC's life period will end upon the occurrence of this event: _____ (describe an event)

11. ☐ **ENTITY TYPE CHANGE** - If changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the NEW type of professional services the professional LLC will render:13. ☐ **OTHER AMENDMENT** - If an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPTSignature: 

Printed Name: Rhynia Campbell

6/18/2017

Date (mm/dd/yy)

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a member-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: _____	<input type="checkbox"/> This is a manager-managed LLC and I am signing individually as a member or I am signing for an entity member named: _____
--	--

Filing Fee: \$25.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see instructions.	Hall: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Notarize: I declare that this document reflects only the information provided required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
 If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.