9000120672

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EXAMINER

Office Use Only

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJECT: Andrews		Tap House LLC			
			ited Liability Company		_
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Piease	return all corresp	ondence concerning this matter	to the following:		
			Blaise McMackin		
			Name of Person		
			Tap 42 LLC		
			Firm/Company		211
1411 South Andrews Ave					
			Address		
		Fort I	Lauderdale Florida 33	316	
City/State and Zip Code				· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (aisemcm@gmail.com to be used for future annual rep	ort notification)	_ 3
For fur	ther information of	concerning this matter, please c	all:		
		ise McMackin	at (_954_)	560-2225	
	Name o	of Person	Area Code &	Daytime Telephone Num	ber
Enclose	ed is a check for t	the following amount:			
□\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registratior Division of Clifton Buil	Corporations		

Tallahassee, FL 32301

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

Andrews Tap house	e LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file	ed on March 8,2010 and assigned
Florida document number L09000120672	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Tap 42 LLC	
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	A D
	Transcent Programme
	Cas - Si
Enter new mailing address, if applicable:	The same of the sa
(Mailing address MAY BE A POST OFFICE BOX)	\$ 5 \$ 5
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the new</u>
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 608, 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 the Manager's or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
		70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Remove!
		Section 2015	Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	······································	In Clarification Magner er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00