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SECRETARY OF STATE PALL AHASSEE, FLORIDA

T. CLINE

NOV 15 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	Grand Sia	am Sports Bar LLC			
	Name of Lir	nited Liability Company			
	of Amendment and fee(s) are s	-			
		Zanie Fambro			
		Name of Person			
Address					
Panama City, FL 32405 City/State and Zip Code					
				78 S	
	Zanie@Hsgaccounting.com E-mail address: (to be used for future annual report notification)				north a
For further information	concerning this matter, please	•	iotineation)	2011 NOV 14 PH 129 SECRETARY OF STATE	1
Z	anie Fambro	at (850)	215-3093	E0: 3	TT
	of Person	Area Code & Day	ytime Telephone Number	OF STATE	TANK TO
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 enclo	osed) Certified C	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

OF

	Grand Slam S	Sports Bar LLC			
(Name o	f the Limited Liability Comp (A Florida Limited	pany as it now appea: I Liability Company)	rs on our records.)		
The Articles of Organization for the Florida document number	• •	ny were filed on	April 5, 2010	and assigned	
This amendment is submitted to ar	_	hii.			
A. If amending name, enter the			<u>e</u> :		
The new name must be distinguishab	W & W G		ny " the designation "I	1 C" or the abbreviation	
"L.L.C."	ie and end with the words "Lif	nned Liability Compa	my, the designation L	LC of the aboreviation	
Enter new principal offices addr	osa ifannliaahla.			·	
• •					
(Principal office address MUST B	<u>E A STREET ADDRESS)</u>		<u> </u>	PR ≥	
Enter new mailing address, if ap				TARY OF STATE	
B. If amending the registered registered agent and/or the new r			ur records, <u>enter th</u>	e name of the new	
Name of New Registered	Agent:				
New Registered Office Ac	ldress:				
	er Florida street addre	ess			
		, 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 Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			SE S
D. If amer —	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	(A) = (A)
	1119	N (
Dated	1118 , 20		
	Wilfred Grieg	or authorized representative of a member or printed name of signee	
	V	Page 2 of 2	

Filing Fee: \$25.00