

# L17 0000 33577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

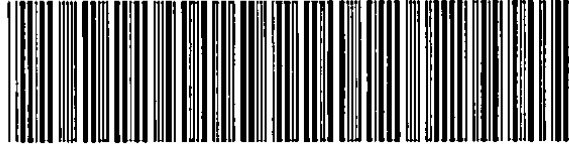
(Business Entity Name)

(Document Number)

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2020 SEP 21 PM 6:32  
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DIVISION OF CORPORATIONS  
1411 ARLISSI FLD  
TALLAHASSEE, FL 32310  
OCT 29 2020  
S. YOUNG

# COVER LETTER

O: Registration Section  
Division of Corporations

THE ALIBI PUB LLC  
SUBJECT: \_\_\_\_\_

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:

ROSANNE RUTNIK

Name of Person

ROSANNE RUTNIK BOOKKEEPING & TAX SERVICES INC

Firm/Company

5616 SHANNON DR

Address

FORT PIERCE, FL 364951

City/State and Zip Code

ROSANNERUTNIK@AOL.COM

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

For further information concerning this matter, please call:

ROSANNE RUTNIK

772 332-6381

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**

THE ALIBI PUB 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 02/10/2017 and assigned

Florida document number L17000033577

This amendment is submitted to amend the following:

**1. 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)**

**2. 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: ROSANNE RUTNIK

New Registered Office Address: 5616 SHANNON DR

*Enter Florida street address*

FORT PIERCE, Florida 34951

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	ANTHONY MALGERI	905 23RD AVE	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	WILLIAM H SCOTT IV	905 23RD AVE	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	DOMINICK MALGERI	1436 35TH AVE	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 15, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**