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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PIPER'S BAR & GRILL, LLC 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:
WENDY ANDERSON Name of Person
WELDY ANDERSON P.A. Firm/Company
1353 PALMETTO AVE, STE 100
WINTER PARK FL 3278°7 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wencly Anderson at 1 407 628-9081 X 11 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{cadditional copy is enclosed} \) \(\text{Certified Copy} \) \(\text{certified Copy} \) \(\text{certified Copy} \) \(\text{cadditional copy is enclosed} \)

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

PIPER'S BAR & G	Iny as it now appears on our records.) Clability Company)		
(A Florida Limited I	Liability Company)	2005-	
The Articles of Organization for this Limited Liability Company	were filed on AUG-UST 2		
Florida document number LOS 000084382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
	·		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			<u>-</u>
(Principal office address MUST_BE A STREET ADDRESS)		[] [] [] [] [] [] [] []	<u>[</u> ■
		T 1	£.

Parties and modified address if applicables		سية علا ريّ سية سي ا	43.
Enter new mailing address, if applicable:		<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new regis	itere
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florie	da	
	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 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>	Name	Address	Type of Action
AMBR	THOMAS HUGHES		QAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
٠			□Add
			Remove
			Change
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			□Change
			□Remove
			Change
			□Add
			□Remove
			Change

). If amending any other info	ormation, enter ch	hange(s) here: <i>(</i> A	tach additional shee	ts, if necessary.)	
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E. Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not n	neet the applicable s	30, 2002 e of filing or more than 90 natutory filing requires	(optional) (days after filing.) Pursuant to ments, this date will not be	to 605.0207 (3)(1 e listed as the
f the record specifies a delayed ef ecord is filed.	Tective date, but not	an effective time, a	t 12:01 a.m. on the ear	rlier of: (b) The 90th day	after the
Dated JUNE 3	30	. 2021.			
	26				
	Signature (vi a i	member or authorized	representative of a mem	her	
WE	NDY P	HUDERS	<u>.N</u>		_

Filing Fee: \$25.00