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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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EXAMINER

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COVER LETTER

| TO: | Registration Se Division of Cor | porations |
|--------|------------------------------------|---|
| SUBJI | Old Town Tavern LLC | |
| 3000 | | Old Town Tavern LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: |
| The en | closed Articles of | Amendment and fee(s) are submitted for filing. |
| Please | return all correspo | ndence concerning this matter to the following: |
| | | Peter McAllister Name of Person |
| | | OLD TOWN TAVELY LLC Firm/Company |
| | | 30 SE 7th STREET SLITE G |
| ~. | | BOCA RIATON FLA 33432 |
| | | BOCA PLATON FLA 33432 City/State and Zip Code Peter PBM Development · Com E-mail address: (to be used for future annual report notification) |
| For fu | rther information o | oncerning this matter, please call: |
| Petr | R B M ^c A | at (SL) 441 4734 f Person Area Code & Daytime Telephone Number |
| | | ne following amount: |
| \$2: | 5.00 Filing Fee | S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regist Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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



OLD TOWN TAVERN 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 f | led on | 4/10/2006 | and assigned |
|--|---------------------------------------|-------------------------|-------------------------|
| Florida document numberL06000037513 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability co | mpany here: | | |
| The new name must be distinguishable and end with the words "Limited Liah"L.L.C." | oility Company, | the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| 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 ad registered agent and/or the new registered office address here: | | records, <u>enter t</u> | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| New Registered Office Address: | <i>C</i> | St 1 | |
| | Enter Florida street address | | |
| City | | , Florida | Zip Code |
| Name Designationed Asserting Circumstance (Calcumstance Designation of Asserting Designation of Designation of Asserting Designation of Asserting Designation of Designatio | | | |

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** Name **Address MGRMI Chris Kontos** 189 Victoria Dr ✓ Add Clark, NJ 07066 Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 23 2009 Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00