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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	Cowboy Bill's Ho	onky Tonk Saloon, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		William LaRose	
		Name of Person	
	Cowboy I	Bill's Honky Tonk Saloon LL Firm/Company	.c
		Titus Company	
	<u></u>	1107 Key Plaza #177	
		Address	
		Key West, FL 33040	
		City/State and Zip Code	
	E-mail address: (boybillskw@yahoo.com to be used for future annual report notifi	ication)
For further information	concerning this matter, please of		
Ja	cqueline Nobili	at (305)	295-8219
Name of Person Area Code & Daytime Tel			
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)
Regis	LING ADDRESS: stration Section	STREET/COURI Registration Section	on
Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie)	I'S HONKY IONK Saloon,	LLC		
(A Flor	bility Company as it now appears rida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabili	ity Company were filed on	5/1/06	_ and assig	gned
Florida document numberL06000045018	<u>8</u> .			
This amendment is submitted to amend the following	og:			
A. If amending name, <u>enter the new name of the</u>	limited liability company here	1		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	y," the designation "LLo	C" or the ab	breviatio
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)			
		· · · · · · · · · · · · · · · · · · ·		38
			NON	<u> </u>
Enter new mailing address, if applicable:			t	27.
(Mailing address MAY BE A POST OFFICE BOX	K)			3 ⁷ 5
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B. If amending the registered agent and/or r		r records, enter the	ట <u>nam€of</u>	therne
registered agent and/or the new registered office	address here:			20
Name of New Registered Agent:				
New Registered Office Address:	,			
,	Ente	r Florida street addre.	ss	
_		, 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, 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> <u>Name</u> <u>Address</u> Type of Action **MGRM** R.D. McGregor 62 Sunset Key Drive ✓ Add Key West, FL 33040 Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 6 2009 Dated ___ Signature of almember or authorized representative of a member William LaRose

Typed or printed name of signee
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Filing Fee: \$25.00