

L 07000098536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

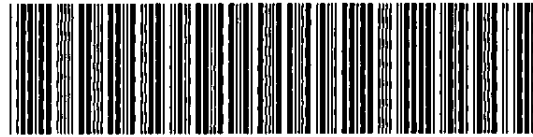
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AUG 18 2011

EXAMINER



300210656903

08/18/11--01028--010 **160.00

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DIVISION OF CORPORATIONS
2011 AUG 18 PM 12:54
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 18 PM 2:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERFRONT SALOON, 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:

~~STACY SMALL~~ Ann Black

Name of Person

SMITH THOMPSON SHAW & MANAUSA, P.A.

Firm/Company

3520 THOMASVILLE ROAD, 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

~~STACY SMALL~~ Ann Black

Name of Person

at (850)

893-4105

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG 18 PM 2:44

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RIVERFRONT SALOON, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 18 PM 2:44

The Articles of Organization for this Limited Liability Company were filed on 9/27/2007 and assigned
Florida document number L07000098536.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 6863 PROCTOR ROAD
(Principal office address **MUST BE A STREET ADDRESS**) TALLAHASSEE, FL 32301

Enter new mailing address, if applicable: SAME AS ABOVE
(Mailing address **MAY BE A POST OFFICE BOX**)

B. 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: Susan S Thompson

New Registered Office Address: 3520 THOMASVILLE ROAD, 4th Floor
Enter Florida street address

Tallahassee, Florida 32309
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.

Susan S Thompson
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>	<u>Type of Action</u>
MGMR	JOHN O. WILLIAMS	211 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	MICHAEL J. COFFEY	211 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	LEX C. THOMPSON	6863 PROCTOR ROAD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____



Signature of a member or authorized representative of a member

JOHN O. WILLIAMS

Typed or printed name of signee