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EXAMINER

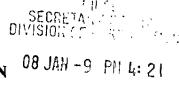
## **COVER LETTER**

O: Registration Section Division of Corporations					
UBJECT: Mr. Brewster's , 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:					
Howard Flaschen					
(Name of Person)					
Mr. Brewman's					
(Firm/Company)					
860 Briarcreek Rd. (Address)					
(Address)					
Jacksonville, FL 32225 . (City/State and Zip Code)					
For further information concerning this matter, please call:					
Howard Flaschen at (904) 237-5311 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy} (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)					
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section					

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT DIVISION OF



Mr. Brewster's, LLC		
( <u>Name of the Limited Lial</u> (A Flor	cility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on <b>Recen</b>	BEL 17, 2007 and assigned
Florida document number L07000125044		
This amendment is submitted to amend the followin	g:	
4. If amending name, enter the new name of the	limited liability company here:	
Mr. Brewman's, LLC		
The new name must be distinguishable and end with the L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	(Enter	Florida street address)
		, 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

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<del></del> ,			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.	
Dated De	cember 19 , 21	<b>≈</b> 2.	<del></del>
	Signature of a mem	ber or authorized representative of a member	<del></del>
	Tvp	ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00