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EXAMINER

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COVER LETTER

SUBJECT:		s Bar & Grill, LLC ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	James E. Johnson II, Es	q.	
	•		
	601 12th Street W.		
		(Address)	
		(City/State and Zip Code)	
For further information cor	cerning this matter, please co	all:	
James E. Johnson II, Es	q.	at (941 ₎ 747-1871	
(Name of	Person)	(Area Code & Daytime T	'elephone 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

Registration Section
Division of Corporations

TO:

Tallahassee, 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

	e Oaks Bar & Grill, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	and assigned		
Florida document number L08000019688	·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "	LLC" or the abbrevi	ation
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the	new
Name of New Registered Agent:		09 C	_
New Registered Office Address:	(Enter Florida street aa	Adress): 2 =	1
	, Florida		
	(City)	(Zip Code)	لمر
New Registered Agent's Signature, if changing Registe	ered 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 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 Type of Action <u>Title</u> <u>Name</u> **Address** MGR Christina Pellegrino 3503 U.S. Highway 301 N. ■7 Add Elienton, FL 34222 Remove MGRM Mary A. Wollerman 4905 Erie Road **⊞** Add Parrish, FL 34219 ■ Remove 🗂 Add Remove ☐ Add ☐ Remove r Add □ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Mary A. Wollerman

Page 2 of 2

Dated _January 15

Filing Fee: \$25.00

Typed or printed name of signee