

L08000027347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

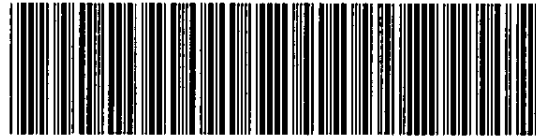
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100152673531

04/27/09--01025--021 **30.00

FILED
09 APR 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. C. C.

APR 28 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE IVY BAR, 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:

MICHAEL R. SINGLETON

(Name of Person)

(Firm/Company)

2204 ATLANTIC BLVD

(Address)

JACKSONVILLE, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. SINGLETON

(Name of Person)

at (**904**) **894-3160**

(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

09 APR 27 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE IVY BAR, 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 filed on 03/17/2008 and assigned
Florida document number L08000027347.

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:

(Principal office address MUST BE A STREET ADDRESS)

THE IVY BAR, LLC

2204 ATLANTIC BLVD

JACKSONVILLE, FL 32207 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

THE IVY BAR, LLC

2204 ATLANTIC BLVD

JACKSONVILLE, FL 32207 US

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:

MICHAEL R. SINGLETON

New Registered Office Address:

2204 ATLANTIC BLVD

(Enter Florida street address)

JACKSONVILLE


(City)

Florida 32207

(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:

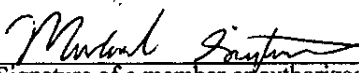
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL R. SINGLETON	2204 ATLANTIC BLVD JACKSONVILLE, FL 32207 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KEVIN M. LEONARD	705 MACKENZIE CIRCLE ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	CHRISTOPHER J MACHATTON	113 EAST BAY STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	WILLIAM LEE SPELL	11129 LORD TAYLOR DR JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TIMOTHY CHIOFALO	2124 MARSH POINT RD NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSEPH E MACHATTON	5098 WHITEWATER COURT JACKSONVILLE, FL 32258 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
09 APR 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated APRIL 24, 2009


Signature of a member or authorized representative of a member

MICHAEL R. SINGLETON
Typed or printed name of signee