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T. CLINE

DEC - 8 2009

EXAMINER

COVER LETTER

SUBJECT:	THE I	VY BAR, LLC			
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	ndence concerning this matte	r to the following:			
	MICHAEL R. SINGLETON			_	
		Name of Person			
	THE IVY BAR, LLC				
	Firm/Company			-	
	2				
		-			
	JACKS				
	VA				
	E-mail address:	20 121			
For further information co	ncerning this matter, please	call:		2009 DEC -7 SECRCTARY ALLAHASS	14 5 0
· MICHAEL	. R. SINGLETON	at (904)	894-3160) -7	greens en verm
Name of	Person		Daytime Telephone Number	PH PH	alleman for the
Enclosed is a check for the	e following amount:				₹, ¢
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certifie	ate of Status &	osed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

THE IVY I	BAR, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	4-27-2009	and assigned
Florida document numberL08000027347			
Γhis amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim'L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SEC 9
			Right The
		SS	Di Limit
Enter new mailing address, if applicable:		س؛ ري	
(Mailing address MAY BE A POST OFFICE BOX)		k	O F 17-15
		"; " "	
		I»	Patrice
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		our records, <u>enter tl</u>	ne name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street addr	ess
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR_	JOSEPH E MACHATTON	5098 WHITEWATER COURT JACKSONVILLE, FL 32258	Add ✓ Remove		
MBR	JOSEPH E MACHATTON	5098 WHITEWATER COURT JACKSONVILLE, FL 32258	✓ Add ☐ Remove		
MGRM	KEVIN M. LEONARD	705 MACKENZIE CIRCLE ST AUGUSTINE, FL 32092	☐ Add ☑ Remove		
MBR	KEVIN M. LEONARD	705 MACKENZIE CIRCLE ST AUGUSTINE, FL 32092	✓ Add ☐ Remove		
MGR_	TIMOTHY CHIOFALO	2124 MARSH POINT RD NEPTUNE BEACH, FL 32266	Z005d Add		
MBR	TIMOTHY CHIOFALO	2124 MARSH POINT RD NEPTUNE BEACH, FL 32266	TO Add Remove		
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	iry.)		
 Dated	DECEMBER 1, 2009 Signature of a member of				
		IAEL R. SINGLETON			

Page 2 of 2

Filing Fee: \$25.00