0800072893

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	∍#)		
PICK-UP	MAIT WAIT	MAIL		
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(Do	ocument Number)			
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M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

Division of Cor				
SUBJECT: The	bame Stop Bart	- Grille, LLC		
	(Name of Limited Lie			
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.		
Please return all correspo	endence concerning this matter to the	following:		
	Julie Van Wo	allendael Name of Person)	·	
	A-1 Dependab	le Bookkeeping	g Hax	
	221 Pauls Dri	Ve Suite C		
	Brandon 1	2 33511		180 TE
	(City/	State and Zip Code)		THE STATE OF THE
For further information c	oncerning this matter, please call:			图 至
Julie Van W	allendael of Person)	at (<u>\$13</u>) <u>681-109</u> (Area Code & Daytime T	Gelephone Number)	JAN 25 AM H: 03
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$ Certificate of Status	255.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy	atus &

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

The bame Stop Bar	4 Grille, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L0800072893</u>		07-29-2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	2:	
The Stop Bart Gril	le, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			ASC I
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		表表の
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			CE STATE
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on o ss here:	ur records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	1	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	lanaging Member		C A vitam
<u> Citle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Remove
			Add Remove
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			Remove
			Page 26
			Remove &
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			SSE GARDEN STATE OF REPORT
D. Ifaman	di		
o, ii amen	ung any other information, enter ch	nange(s) here: (Attach additional sheets, if neces	ssary.)
			
_			
			
	January 21	^^	
Dated	January 21 .	09	
		AND THE STATE OF T	
	Signature of a mar	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00