L08000075170

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09/17/12--01014--008 **30.00

12 SEP 17 PM 12: 51

SEP 1 8 2012 T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: Red Lie	on Pub, LLC		
SUBJECT:		ited Liability Company	,
	Amendment and fee(s) are subnidence concerning this matter		
	Manase T. I	Latu Name of Person	
		·	
		Firm/Company	
	395 Catherin	e Lane	
		Address	
	Groveland, F	L 34736	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please c	eall:	
Manase T. Lat		at (407) 443-4000 Area Code & Daytime T	elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	∑x\$30.00 Filing Fee & Certificate of Status	S55.00 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 FILED TO SECRETARY OF STATE TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF 12 SEP 17 PM 12: 51

Red Lion Pub, LLC			
(Name of the Limited Liability (A Florida I	V Company as it now app Limited Liability Company	ears on our record /)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on _	8/5/08	and assigned
Florida document number <u>L08000075170</u>	<u>_</u> ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company l	<u>iere</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Con	npany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	war and the state of the state		***************************************
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		F.4 TV tJ.	
		Enter Florida stre	
	City	, Flori	da 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, <u>enter the title</u>, <u>name</u>, <u>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	McCoy, Worlie A.	370 E. Waldo Street Groveland, FL 34736	Add Remove
			Add Remove
			Add Remove
			Add Remove
	. <u>.</u>		Add Remove
			Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SEGNETARY DIVISION OF CO
			OF SIMI
Dated	09/13/12	·	_ 5
	Manase T. Latu	or authorized representative of a member	

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Filing Fee: \$25.00