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DLPALTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

T. CLINE

OCT - 1 2008

EXAMINER

OB OCT -1 PM 3: 12
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor					
subject: <u>Bak</u>	her's Beer (Name of Limi	Hed Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Jiarallah	Natal (Name of Person)	 		
	.	(Firm/Company)			
2420 wast Pensanda Street					
	Tallahasses	(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he 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)		
			$\mathbf{\bar{z}}_{\mathcal{S}}$		

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

Bakers Beer 2 (Name of the Limited Liability CA Florida Lin	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LOS 6000 793</u> HC		• 20, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Baker's Beev & Beyon. The new name must be distinguishable and end with the word: "L.L.C."	d LLC	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70 Q
(Principal office address MUST BE A STREET ADDRE	<u> </u>	TECH TO
Enter new mailing address, if applicable:		SERV R M
(Mailing address MAY BE A POST OFFICE BOX)		FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter 1	Florida street address)
•		, 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, 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> **Type of Action** ☐ Add Remove Remove Remove ☐ Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00