L09000037060

(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 Afficer LUNT
APR 2 7 2009
EXAMINER

Office Use Only



900150886459

04/24/09--01027--001 **25.00

COVER LETTER

TO: Registration S Division of Co								
subject: Legen	ds Tavern		0					
SOBJECT:	(Name of Lim	ited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all corresp	ondence concerning this matter	to the following:						
	Haywood L Pittman							
		(Name of Person)						
	Legends Tavern							
		(Firm/Company)						
	2420 W Brandon Blvd St	e 111						
		(Address)						
	Brandon, FL 33511							
		(City/State and Zip Code)						
For further information concerning this matter, please call:								
Haywood L Pittman		at (813) 727-1829						
(Name	(Name of Person) (Area Code & Daytime Telephone Number)		elephone 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

Legends Tavern							
(Name of the Limited	Liability Compa Florida Limited	any as it now appears on or Liability Company)	ur records.)				
The Articles of Organization for this Limited Liability Company were filed on 04/17/2009 and assigned							
Florida document number L09000037080	·						
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name o	f the limited lia	bility company here:					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Company," th	e designation "LL	.C" or the abb	reviation		
Enter new principal offices address, if applic	able:						
(Principal office address MUST BE A STREE	TADDRESS)			· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:		2420 W Brandon Blvd	.,	2009 A SECR TALLA			
(Mailing address MAY BE A POST OFFICE	BOX)	Ste 111		APR 2	7		
		Brandon, FL 33511		m	F		
B. If amending the registered agent and/ registered agent and/or the new registered of			cords, enter the	Tramevol :	the liew		
			۵.	•			
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	ndon Blvd Ste 111 (Enter Fl.	orida street addr	·ess)				
	Brandon	120001 2 80	, Florida <u>335</u>	,			
	LI GIIQUII	(City)	, riorida <u>555</u>	(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 = Mana MGRM = Ma	nger anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Ressove
			APR 24 REPOVE
			H 2: 14
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	Remove
Only	changing the mailing address for Leger	nds Tavern and Registered Agent	
Dated April 22	, 2009	•	
_	Haywood . filling		
	_	or authorized representative of a member	
-	Haywood L Pittman Typed	or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00