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(R	lequestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
, (E	Business Entity Nar	ne)
(0	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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10/19/10--01020--005 \*\*25.00



S. HAWKES

OCT 2 0 2010

EXAMINER

## : COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: The Last Chance Bauguet Hall LLC  Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Person						
The Last Chance Banquet Hall LLC Firm/Company						
219 NW 10th Avenue						
Gainesville, FL 32601 City/State and Zip Code						
E-mail address: (to be used for future annual report ribification)						
For further information concerning this matter, please call:						
Name of Person at (352 240 -6464  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ Certificate of Status \$\						

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

Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on 05/04/	200 9 an Bassigned	
Florida document number L0900042704	<u> </u>	19 🖺	
This amendment is submitted to amend the following	:	PH 3: C	
A. If amending name, enter the new name of the l	imited liability company here:	8	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	<u>.</u>	
	-		
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 a	gistered office address on our recor ddress here:	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>	<b>,</b>	Florida	
	City	Zip Code	
New Registered Agent's Signature if changing Pagista	arad Agant		

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, 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>	Name	Address	Type of Action	
MGR.	Joyce Daniels	Joyce Daniels 374 SE 18th Avenue Gainerville, FL 32641	Add Remove	
,		·	Add Remove	
			10 ORT NOVE PH	
			Add $\omega$	
,			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	)	
_			<del></del>	
_				
Dated	10/18/10			
(	I DIMMILE DENIE	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00