# (Address)

03/09/10--01021--009 \*\*30.00

**FILED** 10 MAY 17 AH II: 47 SECRETARY OF STATE

(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
L. SELL MAY 20 EXAM	2010

(City/State/Zip/Phone #)

WAIT

(Business Entity Name)

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PICK-UP

Office Use Only

# **COVER LETTER**

### TO: Registration Section • Division of Corporations

Bottoms Up Bar LLC

SUBJECT: \_

.

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:

Vanessa Tillis

Name of Person

Bottoms Up Bar LLC

Firm/Company

5118 Plymouth Sorrento Rd

Address

Apopka FL 32712

City/State and Zip Code

dogpoundpub@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa	Tillis
Name of Person	

at (<u>407</u>)<u>884-7574</u> Area Code & Daytime Telephone Number

884-7574

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

:

VANESSA L. TILLIS 5118 PLYMOUTH SORRENTO ROAD APOPKA, FL 32712

SUBJECT: BOTTOMS UP BAR LLC Ref. Number: L09000091263

We have received your document for BOTTOMS UP BAR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Enclosed is the form for registering a DBA (fictitious name) with this office. LLC filings cannot contain any reference to a "DBA".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 110A00006083



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2010

VANESSA TILLIS 5118 PLYMOUTH SORRENTO RD APOPKA, FL 32712

SUBJECT: BOTTOMS UP BAR LLC Ref. Number: L09000091263

We have received your document for BOTTOMS UP BAR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 110A00009067

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ARTICI, AMENDMENT							
APTI	TO TESOFO	J RGANIZATI	ON		•		
	0						
	Bottoms Up	Bar LLC					
( <u>Name of the Limited</u> ) (A	Liability Compar Florida Limited L	<b>ny as it now appear</b> iability Company)	s on our records.	)	:		
The Articles of Organization for this Limited Lia		were filed on	09/22/2009	) and as	ssigned		
Florida document number L090000912	263						
		)					
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here	2:				
· -			3.				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compar	ny," the designation	on "LLC" or the	abbreviation		
Enter new principal offices address, if applica	ble:	5118 Plymout	h Sorrento Ro	d			
(Principal office address MUST BE A STREET	Apopka FL 32712						
Enter new mailing address, if applicable:	5118 Plymouth Sorrento Rd						
(Mailing address MAY BE A POST OFFICE E	Apopka FL 32712						
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:							
				₩			
Name of New Registered Agent:	Vanessa Tillis						
New Registered Office Address:	Name of New Registered Agent: Vanessa Tillis   New Registered Office Address: 5118 Plymouth Sorrento Rd						

Enter Florida street addrass Apopka , Florida \_\_\_\_\_\_ City

# 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.

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	<u>Type of Action</u>			
MGR	VANESSA TILLIS	5118 Plymouth Sorrento Rd Apopka FL 32712	Add Remove			
MGRM	ROGER HART	5118 Plymouth Sorrento Rd Apopka EL 32712	Add Remove			
			Add Remove 			
			Add Remove			
<u> </u>			Add Remove			
	, 		Add Remove			
D. If amendin	g any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_			
	MARCH 4TH 20					
Dated	<u>, 20</u>	<u>510</u> . TA				
	Signature of a membe	r or authorized representative of a member				
	VANESSA TILLIS Typed or printed name of signee					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Page 2 of 2				

Filing Fee: \$25.00