L1000001212

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G. MCLEOD

MAY - 5 2011

EXAMINER



200206961322

05/03/11--01026--005 **25.00

FILED
IN MAY -3 AM 9:51
SEURETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp						
SURII	Killin' Time Tavern LLC						
эсы.	Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please	return all correspor	idence concerning this matter	to the following:				
Denise Morrill							
			Name of Person				
		Liqu	a				
			Firm/Company				
		3	3870 Esplanade ave				
			Address				
		29					
	com ort notification)						
For fu	ther information co	ncerning this matter, please ca					
	De	nise Morrill	at (_321;)	274-7104			
•	Name of	Person	Area Code &	Daytime Telephone Number			
Enclos	ed is a check for the	e following amount:					
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$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 ARTICLES OF ORGANIZATION **OF**

Killin' Time T	Tavern LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL10000012727	ility Company were filed on		and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		/A	A.E.C.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		/n	MAY -3 AM 9: NETAKY OF STANANSSIE, FLORE		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	1/	<u>/</u>			
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
		, Florida			
No. 10 - 1-4 - 14 - 14 - 14 - 14 - 14 - 14	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 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>Address</u> **Type of Action** Title **Name** MGRM **Bryan Outlaw** 2777 Algonquin Dr ✓ Add Melbourne, FL 32935 Remove ∏ Add Remove ☐ Add ☐ Remove □Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change Bryan Outlaw from MGR to MGRM April 26, 2011 Dated Signature of a member of authorized representative of a member Denise Morrill

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00