L10000047190

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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SECRETARY OF STATE
ALLAHASSEE FIRST

COVER LETTER

TO: Registration Division o	on Section f Corporations					
SUBJECT:	Skid's	Tavern, LLC				
	····· ··· · · · · · · · · · · · · ·	ited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.				
Please return all cor	respondence concerning this matte	r to the following:				
	F	Richard Dittebrand				
	 	Name of Person				
		Skid's Tavern, LLC				
		Firm/Company				
1450 Skipper Road						
	·	Address				
		Tampa, FL 33613				
		City/State and Zip Code				
rd		ittebrand@yahoo.com to be used for future annual report notifica	4500			
•	E-mail address: (to be used for future annual report notifica	шоп)			
For further informat	tion concerning this matter, please	call:				
	Joseph Janezic	at (813) 3	45-4859			
Name of Person		at (813) 3. Area Code & Daytime T	elephone Number			
Enclosed is a check	for the following amount:					
✓ \$25,00 Filing Fe	Certificate of Status	S55.00 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

Skid's Tav	ern, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea	rs on our records.)		
(A Piorida Elimited L	Matinity Company)			
The Articles of Organization for this Limited Liability Company	and assigned			
Florida document numberL10000047190				
· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	nny," the designation "L	LC" or the abl	breviation
Enter new principal offices address, if applicable:	Same	n/A		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				

D. 16	e		h£	46
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	ne name or	tne new
	_		ACC 11	
Name of New Registered Agent:	$A \setminus B$			and a
	-		27 AR	Lacato.
New Registered Office Address:	En	ter Florida street add	ress® =	in
			FEG.	0
	City	, Florida	Zin Colle	
			-173 - A	•

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 **Address Type of Action** <u>Title</u> **Name MGRM** Michael P Pressman 4902 Country Aire Lane Tampa, FL 33624 ☐ Add 🔽 Remove Rosario Rodriguez MGRM 11608 Downs Loop ✓ Add Riverview, FL 33578 Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 21 2010 Dated_ Signature of a member or authorized representative of a member Richard Dittebrand

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00