L10000053343

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Coomson Emaily Common							
(Document Number)							
(bocument Number)							
Certified Copies Certificates of Status							
Octunida doptes Octunidates of Otatus							
<u></u>							
Special Instructions to Filing Officer:							

Office Use Only



000187331210

11/04/10--01004--021 **35.00



C. LEWIS
Dec. 27, 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2010

MEGAN WELTON RHODEN MAD HATTERS TAVERN LLC 148 W NEW YORK AVE DELAND, FL 32720

SUBJECT: MAD HATTERS TAVERN L.L.C

Ref. Number: L10000053343

We have received your document for MAD HATTERS TAVERN L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00026116

COVER LETTER

	Registration Section Division of Corpor						
SUBJECT: MAD HATTERS TAVERN LLC							
		Name of Limited Liability Company					
The encl	osed Articles of Am	endment and fee(s) are submitted for filing.					
Please re	turn all corresponde	ace concerning this matter to the following:					
	-	MEGAN WELTON-RHODEN					
Name of Person							
		MAD HATTERS TAVERN LLC					
		Firm/Company					
	_	148 W NEW YORK AVE					
		Address					
		DELAND, FL 32720					
City/State and Zip Code							
		E-mail address: (to be used for future annual report notification)					
For furth	er information conc	rning this matter, please call:					
	MEGAN WE	TON-RHODEN at (
	Name of Pe	at (
Enclosed	is a check for the fo	lowing amount:					
\$25.0	0 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &					
) 107.0	N	(additional copy is enclosed) Certified Copy					
ALRED CRED	MED	(additional copy is enclosed)					
	MAILING	ADDRESS: STREET/COURIER ADDRESS:					
	Registratio	Section Registration Section					
	Division of P.O. Box 6	Corporations Division of Corporations 27 Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2010 DEC 23 AM H: 43

	MAD HATTERS	S TAVERN L	LC al	LARETARE OF VICTORIES	
(<u>Na</u>	MAD HATTERS me of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.) [A	LAMASSEET LORIU	
	for this Limited Liability Compan				
Florida document number					
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited lia	bility company h	ere:		
		 		LON 1 LI STATE	
The new name must be distingu "L.L.C."	ishable and end with the words "Lin	nited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)			<u> </u>	
Enter new mailing address,	••				
(Mailing address MAY BE A	<u>POST OFFICE BOX)</u>				
	ered agent and/or registered		our records, enter th	ne name of the new	
registered agent and/or the	new registered office address he	<u>:re</u> :			
Name of New Regis	stered Agent:				
	•				
New Registered Off	ice Audress.	Enter Florida street address			
			, Florida		
		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 Type of Action <u>Title</u> **Name** Address MGR DANA B PERSINGER 148 W NEW YORK AVE ☐ Add DELAND, FL 32720 Remove Remove Remove ٦Add Remove \prod Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ MEGAN WELTON-RHODEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00