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11 JAN 26 MH1:18

SECRETARY OF STATE OIVISION OF CORPORATION:

T. HAMPTON

JAN 2 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gator Bait Sports Bar & Gill, UC 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:
Susan Schoen Name of Person
Gater Bait Sports Bar & Gill, CLC
P.O. BOX 582 Address
Melrose, FC 32666 City/State and Zip Code
Accounting @ Jastandridge.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter; please call:
Succession Schoen at 352, 475-1530 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$30.00 Filing Fee & \ \text{Sertificate of Status}\$\$\$ \$55.00 Filing Fee & \ \text{Certified Copy}\$\$\$ \$60.00 Filing Fee, \ \text{Certified of Status & Certified Copy}\$\$\$ \$\$\$ \$Certified Copy\$\$\$ \$\$\$ \$\$\$ \$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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JAN 26 AM III: 18 The Articles of Organization for this Limited Liability Company were filed on ________ Florida document number L10000 9 3 887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Enter Florida street address

Stank 18 , Florida 32656

Zip Code New Registered Office Address:

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.

Page 1 of 2

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

MGR = Manager

MGPM = Managing Member **Title** <u>Name</u> Address **Type of Action** ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member STANDRIDGE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00