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B. BOSTICK

JAN 18 2011

EXAMINER

COVER LETTER

i Registration Section i Division of Corporations			
SUBJECT: Sherran Cans Sports Bar LLC (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:			
Susar Bishop Name of Person			
Shenanigans Sourts Bur LLC			
3103 Broadpoint			
Punta Gurda 71 33983 City/State and Zip Code			
Shen con 1300 S E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person Name of Person Area Code & Daytime Telephone Number P P R R			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$25.00 Filing Fee & \text{Certified Copy} &			

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

Shenan Gans (Name of the Limited Liability Co	Deput Lability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number 41000131245.	pany were filed on 122	7/8010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	SE TAL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JAN 14 PH 12: 2 AHASSEE FLOR
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		DE S
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action DbA K 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.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00