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C. LEWIS

Apr 8 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2011

BARUCH SANDHAUS 4430 NAUTLUS DRIVE MIAMI BEACH, FL 33140

SUBJECT: 41ST DOGZ N BEER, LLC

Ref. Number: L11000004643

We have received your document for 41ST DOGZ N BEER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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: 511A00007620

## **COVER LETTER**

TO:	Registi Divisio								
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SCBGE	-•• <u> </u>	<u> </u>	~	- 1.	Name of Li	mite	d Liability Company		
		-							
The encl	osed Ar	ticles (	of Ame	endmer	nt and fee(s) are	subm	nitted for filing.		
Please re	turn all	corres	ponde	nce cor	ncerning this mat	ter to	o the following:		
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			_				Name of Person		
			_				Firm/Company		
,			_		4430	٧A	SCIWS DR. Address		
							Address		
			_		MIRMI Q	Z Z	CH FL 33140 City/State and Zip Code		·····
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For furth	er infor	matior	conce	erning 1	his matter, pleas	`	•	,	
BAR	nch	SA	NM	HAUS	•		at (786) U57 - 373 Area Code & Daytime	2	
		Name	e of Per	rson			Area Code & Daytime	Γeleph	one Number
Enclosed	l is a ch	eck for	the fo	llowin	g amount:				
<b>/</b> \$25.0	00 Filing	g Fee		]\$30.0 Cer	0 Filing Fee & tificate 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)
		N# 4 1	u inc	' A DD	DESS.		STREET/COURIE	D A D	indecc.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		•		MA E- EM
415+ Doc		er, LLC		TERETARY OF STATE
(Name of the Limited (A	Florida Limited Liab	as it now appears on oility Company)	our records.	THE SEE: FEERIO
The Articles of Organization for this Limited Li	iahility Company w	ere filed on	1106/5	and assigned
Florida document number LII 00000 KG		ere med on	718011	and assigned
Fiorida document number				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of .	the limited habili	y company nere:		
The new name must be distinguishable and end wit	h the words "Limited	Liability Company,"	the designation "	LLC" or the abbreviatio
L.L.C."		• •		
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	-			
Enter new mailing address, if applicable:	-			
Mailing address MAY BE A POST OFFICE	BOX)		<del></del>	
	-			
B. If amending the registered agent and/o	or registered office	e address on our r	ecords, enter	the name of the nev
registered agent and/or the new registered of				
	P AQ DOLL	CA- (NICA)C		
Name of New Registered Agent:	BAROCH	SANDKAUS		
New Registered Office Address:		FT . PT	7 7 7 7 7	,
		Enter Fi	lorida street add	iress
		Tita.	, Florida	Zip Code
	(	City		гір Соае

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. Thereby 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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
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amend		age(s) here: (Attach additional sheets, if neces.	sary.)
. —			
u 2)		er or authorized representative of a member	ARX OF SUA
	Y RARICH SANDHANG		33

Filing Fee: \$25.00