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D. BRUCE

APR 0 1 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:		TTYS SALOON, LLC			
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please return all correspon	dence concerning this matter	r to the following:			
	C	ELESTRA HAMILTON Name of Person			
	CUST	OM KITTYS SALOON, L	LC		
		Firm/Company			
		PO BOX 3882 Address			
	Pi	ENSACOLA FL 32516 City/State and Zip Code		m+ ³	
	E-mail address: (to be used for future annual report	notification)	SEURET ALLAHA	:
For further information cor	ncerning this matter, please c	call:		ARY SSE	3 =
CELEST	RA HAMILTON	at (_ 850)	485-1494	er siz	ृ ाग
Name of I	Person	Area Code & Da	ytime Telephone Number	STATE LORIDA)
Enclosed is a check for the	following amount:				
[]\$25.00 Filing Fee TO: FL. DEPT, of STATE	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified C	of Status &	ed)

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

IKITYS SALOON, L	LU			
da Limited Liability Company)	rs on our records.)			
y Company were filed on	2/10/2011			
; :				
limited liability company her	<u>re</u> :			
words "Limited Liability Compa	any," the designation "LL	C" or the abbreviation		
DRESS)				
		AN A		
		31 ARY ASSE		
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	<u> </u>			
		FORM NO.		
		Dm 6		
gistered office address on o address here:	our records, <u>enter the</u>	name of the new		
Enter Florida street address				
, Florida				
City		Zip Code		
	gistered office address on address here:	da Limited Liability Company) y Company were filed on		

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 Address** <u>Title</u> <u>Name</u> MGR DEANA EZELL 8680 BEULAH RD ☐ Add ✓ Remove PENSACOLA FL 32526 ☐ Add ☐ Remove ☐ Add ☐ Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Velegtion L Hamilla

Signature of a member or authorized representative of a member

CELESTRA HAMILTON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00