111000017699

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| A. LUNT | | | | |
| MAY 10 2011 | | | | |

EXAMINER



200226971382

04/09/12--01021--003 **30.00

TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2012

SANDRA HISLER 4130 ROWAN ROAD NEW PORT RICHEY, FL 34668

SUBJECT: S & J'S PUB L.L.C. Ref. Number: L11000017699 PART 18 - 8 - NH 2187

We have received your document for S & J'S PUB L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 412A00011478

COVER LETTER

| Source and green |
|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Sandra Hisler Name of Person Wanth Current), S&J'S Pub (Not the UC) Sandram HU Firm/Company (I Need) |
| 4130 Rowan Road Address All R. Fl. 34653 |
| City/State and Zip Code Sm H 39 @ / mail · Com |
| For further information concerning this matter, please call: |
| Sandra Hisles at (77) 6457459 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$\int \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\int \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\int \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} |

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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

| S&J'S PUB | LLC | | | | |
|--|---|--|--|--|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number 1100017699 | y were filed on March 2272 and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| SandramHILLC | I, P | | | | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Company," the designation "LLC" or the abbreviation | | | | |
| Enter new principal offices address, if applicable: | 4130 Rowan Road | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | N.P.R. +1.34653 | | | | |
| 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: Sand | ra Hisles | | | | |
| New Registered Office Address: 7324 | Rosonian DR. Enter Florida street address | | | | |
| Part | - Richey, Florida 34668 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 Begistered 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 | | | | |
|------------------------|--|--|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
| | | | Add Remove | |
| | _ | | Add Remove | |
| | | | Add Remove | |
| | _ | | Add Remove | |
| | | | Adel Remove | |
| | _ | | Add Remove | |
| D. If a | mending any other information, enter cha Please change BACK to Sandrar | e S&J ¹ S puBL | nry.) .L.C. | |
| | | Thank you. | | |
| Dated _ | Sandra Hi | ber or authorized representative of a member | | |

Page 2 of 2

Filing Fee: \$25.00