L11000139654

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALL AHASSEE, FLORID

C. LEWIS
FEB 2 0 2012
EXAMINER



January 11, 2012

RICHARD GOODRIDGE LIL SLUGGERS PBC LLC 1901 SW 15TH AVE AD BOYNTON BEACH, FL 33426

SUBJECT: LIL SLUGGERS PBC LLC

Ref. Number: L11000139654

We have received your document for LIL SLUGGERS PBC LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 612A00000741

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

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COVER LETTER

TÓ:

TO: Registration Division of C	Section Corporations		
SUBJECT:	L'il Sluggers	PB C.	
	Name of Limite	d Liability Company	
	of Amendment and fee(s) are subm		
i lease return an corre	spondence concerning this matter to	the following.	
	Richard	(SciodendSE Name of Person	
		SETS / DR C	
		,	
	1901 SW 154	Address . Address . Address .	
	12024LON REW	H FLORIDA 334	> 6
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifical	tion)
For further informatio	n concerning this matter, please cal	l:	
Richard	Gooding	at (<u>\$ら、) て ロ</u> マーう る て Area Code & Daytime T	8
Nam	e of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encle
$\bigcup \iota$	ALCCHAY PAID		
Reg Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building	
Tall	ahassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2012 FEB 21 PM 3: 41

LIL SI WEGENS P	BC LLC	SECRETARY OF STATE
(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	SFORETARY OF STATE ON OUR RECORDS. LAHASSEE. FLORIDA
The Articles of Organization for this Limited L	iability Company were filed on	and assigned
Florida document number # 60021.	5129136 L11000	139654
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o		records, enter the name of the new
	,	
Name of New Registered Agent:		
New Registered Office Address:	5 . 1. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	
	Enter	Florida street address
		, Florida Zip Code
	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 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
M <u>indernie</u> Member	RICHARD GOODRINGE		Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			☐ Add ☐ Remove
	·		Add Remove
D. If amend		ge(s) here: (Attach additional sheets, if neces	
			2012 FEB
Dated	Signature of a member	or authorized representative of a member	FILED 112 FCB 21 PM . 9: 41 SECRETARY OF STATE ATE ATE ATE ATE ATE ATE ATE ATE ATE
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00