## L11000140433

(Re	questor's Name)	<del>-</del>
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(Cit	ty/State/Zip/Phone	: #)
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2012 JUN 20 AM II: 46
SECRETARY OF STATE

J. BRYAN

JUN 2 1 2012

**EXAMINER** 

## **COVER LETTER**

	istration Section sion of Corporations				
SUBJECT:	Jaybird's	Restaurant LLC			
SOBJECT:	Name of Lim	ited Liability Company			
The enclosed	Articles of Amendment and fee(s) are sul	bmitted for filing.			
Please return	all correspondence concerning this matter	r to the following:			
		Rainer Martens  Name of Person  Martens Properties LLC  Firm/Company  2190 John Anderson Drive  Address			
		Name of Person			
	, Μ	Martens Properties LLC			
	Firm/Company				
	21:	2190 John Anderson Drive			
	Address Services				
	Ori	mond Beach, FL, 321	176		
		City/State and Zip Code			
		langssaliba@msn.cor to be used for future annual re	322 21 22 31 32 41		
For further in	formation concerning this matter, please		port normalization,		
			<b></b>		
***************************************	Margaret Martens Name of Person	at (at ()	563-4983  & Daytime Telephone Number		
	Nume of Ferson	Area Code o	& Daytine Telephone Number		
Enclosed is a	check for the following amount:				
\$25.00 Fi	ling Fee \$\ \tag{\$30.00 Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division C Clifton Bu	/COURIER ADDRESS: on Section of Corporations of Iding outive Center Circle		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Jaybird's Restaurant LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) December 12, 2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000140433 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC "L.L.C." 2600 North Ponce De Leon Boulevard Enter new principal offices address, if applicable: St. Augustine, Florida, 32084 (Principal office address MUST BE A STREET ADDRESS) 2600 North Ponce De Leon Boulevard Enter new mailing address, if applicable: St. Augustine, Florida, 32084 (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: Margaret Martens Name of New Registered Agent: 2600 North Ponce De Leon Blvd New Registered Office Address: Enter Florida street address St. Augustine 32084

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.

City

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
MGRM	Jay A Mart <b>t</b> ens	487 Hefferon Drive, St. Augustine Florida, 32084	Add Remove
<del></del>			Add Remove
			Remove Add
			Add 5
	·		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	·)
			<del></del>
		·	<del></del>
		mber or authorized representative of a member  Martens  ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00