L12000064873

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Re	questor's Name)			
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			مسرون		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(//	larace)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	uiess)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	dress)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	`	•			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	:y/State/Zip/Phone	e #)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			-		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			_		
(Document Number) Certified Copies Certificates of Status	☐ PICK-UP	☐ WAIT	MAIL		
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status		a. a. :			
Certified Copies Certificates of Status	(Bu	siness Entity Nan	ne)		
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
	(L)C	cument Number)			
	Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:	<u>-</u>				
	Special Instructions to	Filing Officer:			
	Opecial manuctions to	rining Onicer.			
			•		
·					
	,		•		
]					

Office Use Only



000237832930

07/27/12--01014--014 **25.00

FILED

12 AUG 10 AM II: 09

SECRETARY OF STATE
AND AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED ASSES

C. LEWIS

Aug 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

BARRIOS-BALBIN P.A. ATTN: LOUIS M. BARRIOS BALBIN 201 ALHAMBRA CIRCLE SUITE 500 CORAL GABLES, FL 33134

SUBJECT: TIPSY TARPON OF ESTERO, LLC

Ref. Number: L12000064873

We have received your document for TIPSY TARPON OF ESTERO, 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):

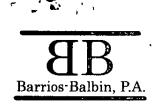
The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00019873



Barrios-Balbin P.A.

Louis M. Barrios-Balbin Attorney at Law

> 201 Alhambra Circle Suite 500 Coral Gables, FL 33134

Phone: 305.443.1923 Fax: 305.443.1925 barriosbalbinpa@att.net

July 23, 2012

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

Re:

Tipsy Tarpon of Estero, LLC Document No. L12000064873

Dear Madame or Sir:

Enclosed, please find a copy of the Articles of Amendment to Articles of Organization for the above-referenced limited liability company. Also enclosed is a check, numbered 864, made payable to Division of Corporations, in the amount of \$25.00, which represents the filing fee for the same.

Sincerely,

Louis M. Barrios-Balbin

LMBB/mo enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Tipsy Tarpon of Estero, LLC SECTION AMIL: 09
(Name of the Limited Liability Company as it now appears of operacords.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 14, 2012 and assigned Florida document number L12000064873
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" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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:
New Registered Office Address:
Enter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:
The state of the s

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.

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

If amcading 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>	Name	<u>Address</u>	Type of Action
MGRM	Mark McKvigan	9812 Mar Lago Circle Ft. Myers, Florida 33919	Add
		Ft. Myers, Florida 33919	Remove
			Add Remove
			
			Add
			Remove
			Add
			Remove
			
			AddRemove
			Add
			Remove
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessa	ry.)
	·		<u></u>
			78 75
			NG F
			SSER, ED
			EST ::
Dated	word 62012	2 m)	NDA RIDA
	man		
	Signature of a specific	er or authorized representative of a member	
	Typa	ed or printed name of signee	
	Туре	or printed fiatile of signee	

Page 2 of 2

Filing Fee: \$25.00