

L120 UU132443

(Requestor's Name)

(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:

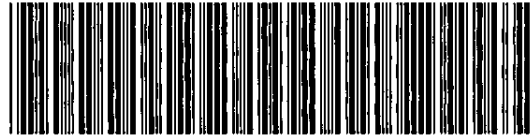
17

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B. KOHR

NOV - 8 2012

EXAMINER



500241398395

11/07/12--01015--025 **25.00

FILED
12 NOV - 7 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shuckers Bar & Grill of Ocala LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Tillander
Name of Person

Shuckers Bar & Grill of Ocala LLC.
Firm/Company

1122 S. Pine Avenue
Address

Ocala, FL 34471
City/State and Zip Code

Gibson.Fmbs@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alivia Gibson at (352) 789-6009
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 enclosed)

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

FILED
12 NOV -7 PM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shuckers Bar & Grill of Ocala LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 NOV -7 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/12 and assigned Florida document number L12000132443.

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)

same

1622 S. Pine Avenue
OCALA, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 SW 17th Street
OCALA, FL 34471

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:

Robert Tillander

New Registered Office Address:

1415 SW 17th Street

Enter Florida street address

OCALA
City

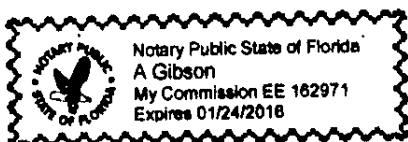
Florida

34471
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.

Robert Tillander
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:

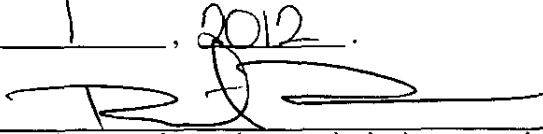
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Tillander	1415 SW 17 th Street	<input checked="" type="checkbox"/> Add
		Ocala, FL 34471	<input type="checkbox"/> Remove
MGMB	Amanda Tillander	Same as above	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGMB	Christopher Armstrong	Same as above	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGMB	Kevin Reynolds	Same as above	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	TIM C. CHANGE	1622 S. Pine Avenue	<input type="checkbox"/> Add
		Ocala, FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

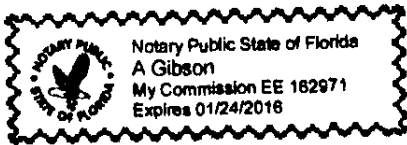
Dated November 1, 2012.



Signature of a member or authorized representative of a member

Robert Tillander

Typed or printed name of signee



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Filing Fee: \$25.00