

L12000155621

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 FEB 15 AM 8:26

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J. SAULSBERRY
EXAMINER

FEB 18 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stone Creek Tavern, 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:

Gregory Vojtech

Name of Person

Stone Creek Tavern, LLC

Firm/Company

1710 E. Irlo Bronson Mem Hwy

Address

St. Cloud FL 34771

City/State and Zip Code

stonecreektavern@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Vojtech

Name of Person

at **407 947-4463**

Area Code & Daytime Telephone Number

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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

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

Stone Creek Tavern, 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 were filed on 2/4/2013 and assigned Florida document number L12000155621.

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)

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TALLAHASSEE COUNTY FLORIDA

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: Gregory Vojtech

New Registered Office Address: 1710 E. Irl Bronson Mem Hwy

Enter Florida street address

St. Cloud, Florida 34771

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.

Gregory Vojtech
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:

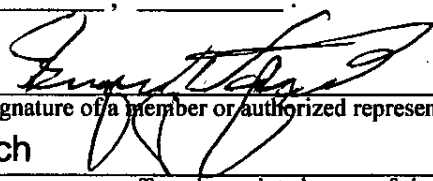
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President MGR	<u>Gregory Vojtech</u>	<u>1710 E. Irlø Bronson Mem Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>St. Cloud Fl 34771</u>	<input type="checkbox"/> Remove
Vice President MGRM	<u>Melissa Galbraith</u>	<u>1710 E. Irlø Bronson Mem. Hwy.</u>	<input checked="" type="checkbox"/> Add
		<u>St. Cloud Fl 34771</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated Feburary 4, 2013



Signature of a member or authorized representative of a member

Gregory Vojtech

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ALABAMA STATE BAR