

L12000155621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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

STATE OF FLORIDA  
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. Iro 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

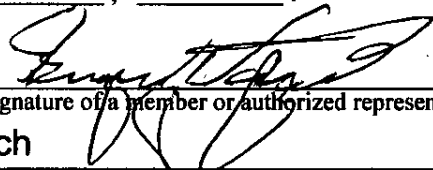
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President MGR	<u>Gregory Vojtech</u>	<u>1710 E. Irlø Bronson Mem Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>St.Cloud FI 34771</u>	<input type="checkbox"/> Remove
Vice President MGRM	<u>Melissa Galbraith</u>	<u>1710 E.Irlø Bronson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

STATE OF ILLINOIS  
 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

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Filing Fee: \$25.00

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ALABAMA STATE