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(Re	equestor's Name)	
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SECRETARY OF STATE
TARKET HASSEE, FI GRID

MAR 25 2014 T CLINAL

COVER LETTER

TO: Registration Sec Division of Corp				
595 T	ap and Taver	n		
SUBJECT:		ited Liability Company		
	·			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Charles Aies	si		
	-	Name of Person		
	595 Tap and	d Tavern		
		Firm/Company		
	11300 West	State Road 84	2011 FALL	
		Address		************************
	Davie, FL 33	3325	2014 MAR 24 SECRETARY FALLAHASS	Control of the Contro
		City/State and Zip Code	· ma	[]
	CAHISTO1@aol.	.COM to be used for future annual report notif	- 59 -	£
For further information co	oncerning this matter, please call		Range 25	i
Charles Aie	-	954, 232-6	656	
Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	e 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

595 Tap and Tavern		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		_ and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
	হ	201
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the abb	reviation 1.L.C."
Enter new principal offices address, if applicab	łe:	AR 77 22
(Principal office address MUST BE A STREET.	ADDRESS)	留文
		7: 2 0:24
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)X)	,
		· · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the eaddress here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Byron Brown	11300 West State Road	84 _{□ Add}
		Davie, FL 33325	≅ Remove
			Add
			Remove 7014 HAR
	· .		25 Remove
			Add
			Remove
			□ Add
	·		☐ Remove
			□ Add

If amending any other information,	enter change(s) here: (Attach additional sh	eets, if necessary.)
	·	
	4-4-4-4	
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and cannot be more Department of State)	(optional) than 90 days after
Dated March 14	2014	
,		
	ature of a member or authorized representative of a me	mber
Charles Aiesi		
	Typed or printed name of signee	

MAR 24 PH 1: 2 RETARY OF STAT AHASSEE, FLORU

Page 3 of 3

Filing Fee: \$25.00