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COVER LETTER

Division of Corporations	
SUBJECT: County Bys Oyster Bur & Pub, LI Name of Limited Liability Company	<u>_</u> C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Belinda Namalany Name of Person Country Boys Cysta Bar & Luc Firm/Company	
38 Alma Vater Street Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Belinda Name of Person at (850) 575-1532 Name of Person Area Code & Daytime Telephone Num	_ ber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	

TO: Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L 1</u>3000 1866 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:

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

Page 1'of 3/

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

MGR = Manager

AMBR = A0	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	1	Quincy, FC 32351	Remove
			
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e effective date must be	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00