L13000018933

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SECRETARY SEE SING

COVER LETTER

TO:

	gistration Se ision of Cor						
CHO IECT.	Cue Note B	Billard Room, LLC			4		
SUBJECT:		Name o	of Limited Liabi	ility Company			
The enclosed	l Articles of	Amendment and fee(s) ar	e submitted fo	or filing.			
Please return	all correspo	ondence concerning this m	natter to the fo	llowing:			
		Mica Bethea	•				
			Na	ame of Person		•	
		Cue Note Billard Roo	om, LLC				
			Fi	irm/Company		-	
		160 Cypress Point Pa	rkway, Unit C	C-114		202) SE	
				Address		TEG R	
		Palm Coast, FL 3216	4			MINDEC 16 SECRETARY	
			City/St	tate and Zip Code		· 原 星	
		micabethea@me.com				一 常用 一年 四四 三	
For further i	nformation c	E-mail add oncerning this matter, ple		l for future annual report n	otification)	4:22	
Mica Bether	n		ภ	386 295-8608			
	Name o	f Person		Area Code Dayt	ime Telephone Number	г	
Enclosed is a	n check for th	ne following amount:					
■ \$25.00 B	Filing Fee	S30.00 Filing Fee & Certificate of Stat	us C	55.00 Filing Fee & Certified Copy dditional copy is enclosed)	Certified	ite of Status &	
	iling Addres			Street Address:	Section		
Registration Section Division of Corporations				Registration Section Division of Corporations			
P.C	D. Box 632	7		The Centre of	Tallahassee		
Tal	llahassee, l	FL 32314		2415 N. Mon	roe Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cue Note Billard Room, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our id Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 2/5/2013	and assigned
lorida document number L13000018933		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility 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)		
		20 7
Inter new mailing address, if applicable:		TALL TO THE CONTROL OF THE CONTROL O
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered offic	e address on our records, g	enter the name of the new registe
gent and/or the new registered office address here:		: 22 FAT
		tur 10
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Rudiess.	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>		Address	Type of Action
VP	John Deuble		160 Cypress Point Parkway	□ Add
			Unit C-114	■Remove
			Palm Coast, FL 32164	□Change
MGR	John Deuble		160 Cypress Point Parkway	□Add
			Unit C-114	Remove
			Palm Coast, FL 32164	□Change
AMBR	John Deuble		160 Cypress Point Parkway	□Add
			Unit C-114	Remove
			Palm Coast, FL 32164	Change
MGR	Mica Bethea		160 Cypress Point Parkway	= Add
			Unit C-114	Remove
			Palm Coast, FL 32164	Remove Remove CRETORE CRETO
				ASSO DANGER
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				Remove
				Change

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