# #1/3000047801

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(Cit	y/State/Zip/Phone	e #)
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K. SALY EXAMINER

SEP - 9 2013

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

705 S Woodward Avenue, 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:

## **Scott Williams**

Name of Person

The Recess Club, LLC

Firm/Company

311 E. Jennings Street

Address

Tallahassee, FL 32301

City/State and Zip Code

scott@hunterandharp.com

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

For further information concerning this matter, please call:

# Scott Williams

at (850) 521-5819

Name of Person

Area Code & Davtime Telephone Number

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)

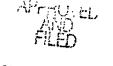
#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

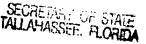
#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301





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705 S Woodward Avenue, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TO

**OF** 

The Articles of Organization for this Limited Lia Florida document number L13000047801	bility Company we	ere filed on <u>4-1-13</u>	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	- 2 <u>0X)</u>		
			nenet su
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office ice address here:	e address on our recor	ds, enter the name of the new
Name of New Registered Agent:	The Recess 0	Club of TALLAHSS	EE, LLC
New Registered Office Address:	311 E Jenning	gs Street	,
		Enter Florida	a street address
	Tallahassee	<b></b> ,	Florida 32301
	(	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Hunter & Harp Capital Partners, LLC	311 E Jennings Street	Add
		Tallahassee, FL 32301	Remove
MGR	The Recess Club OF TALLAHASSEE, LLC	311 E Jennings Street Tallahassee, FL 32301	Add Remove
MGR	Kittrell Holdings 2, LLC	311 E Jennings Street Tallahassee, FL 32301	Add Remove
MGR	Samba Cantina, LLC	300 E University Ave Suite 210 Gainesville, FL 32601	Add Remove
			_ Add _ Remove
			Add

. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	)
***************************************		
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September 5	2013	
1-		
/ /	e of a member or authorized representative of a member	
James Kittrell		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00