

L13000119341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF REGISTRATION  
2013 SEP -6 PM 4:30  
19 ACHARD PL  
SUITE 1000  
TALLAHASSEE, FL 32301

FILED  
13 SEP -6 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 9 2013

T. 1111 1011

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Bourbon Street Entertainment, LLC</u>	FOR OFFICE USE ONLY

## PICK ONE:

\_\_\_ CERTIFIED COPY ☒ PHOTOCOPY \_\_\_ C.U.S.

## FILING:

\_\_\_ CORPORATION \_\_\_ LLC \_\_\_ LIMITED PARTNERSHIP \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME \_\_\_ SERVICEMARK/TRADEMARK ☒ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

## RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_ CERTIFIED COPY \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 9/6/13 TIME 4:00

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bourbon Street Entertainment, 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 08/22/2013 and assigned  
Florida document number L13000119341.

FILED  
13 SEP -6 AM 10:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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 \_\_\_\_\_

*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, 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>
MGRM	Robbie Bacon	1944 W. Pensacola St.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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Remove

Add

Remove

Add

Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated September 6th, 2013



Signature of a member or authorized representative of a member

**Weimar Lopez**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**13 SEP -6 AM 10:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**