L13000178602

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000140057 3)))

H20000140057 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cm4144@centurylink.net

FILED
2020 MAY 12 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2020 MAY 12 PM 12:17

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHARLIE'S BILLARDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu

ACCEPTED
MAY 13 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHARLIE'S BILLARDS 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 12/31/2013 and assigned Florida document number L13000178602.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHARLIE'S BILLIARDS LLC

The new name must be distinguishable and contain 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)

FILED
2020 MAY 12 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12 01 a.m on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 12 . 2020 .

Signature of member or authorized representative of a member

Chrissy Murdock

Typed or printed name of signee

Filing Fee: $25.00