## #L14000006966

(Requestor's Name)
(Address)
(Address)
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900256942429

02/28/14--01027--019 \*\*25.00

RECEIVED
14 FEB 28 PM 1:11
SURSION OF CONCURRATION





K. SALY EXAMINER

FEB 28 2014

## **COVER LETTER**

TO: **Registration Section Division of Corporations** SLUGGERS SPORTS SALOON 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: ANDREW C LAIRD Name of Person Firm/Company 7420 VOLLEY DR N Address JACKSONVILLE, FL 32277 City/State and Zip Code ALAIRD@HISTORICTOURS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 669-8551 Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

\$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

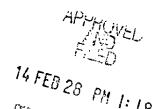
□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## **SLUGGERS SPORTS SALOON LLC**

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

any were filed on	ARY 13, 2014 and assigned
liability company here:	
Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
<u> </u>	
<del> </del>	<del></del>
	records, enter the name of the new
<u>nere</u> :	
Enter Florida stree	et address
	, Florida
City	Zip Code
	Liability company here:  Liability Company," the designate designates designate

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANDREW C LAIRD	7420 VOLLEY DR N	
		JACKSONVILLE, FL	□ Remove
		32277	
AMBR	JOESPH J MERRITT	6 PACIFIC STREET	
		ST. AUGUSTINE, FL	Remove
		32084	
MGR	JOSEPH J MERRITT	6 PACIFIC STREET	■ Add
		ST. AUGUSTINE, FL	□ Remove
		32084	
AMBR	GERALD L CLIPPER	225 OLD VILLAGE CIRCLE UNIT 4203	 } □ Add
		ST. AUGUSTINE, FL	Remove
		32084	
MGR	GERALD L CLIPPER	225 OLD VILLAGE CIRCLE UNIT 4203	3 _■ Add
	<del></del>	ST. AUGUSTINE, FL	□ Remove
		32084	
			Add
			_□ Remove

	<u> </u>
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me the date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated February 27th, 2014.	
( Lac )	n member

Page 3 of 3

Filing Fee: \$25.00