

#L14000006966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

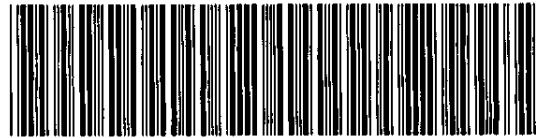
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265736581

100265736581
12/08/14--01005--008 **60.00

14 DEC -8 AM 10:30
SECRET
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14 DEC -8 AM 10:20
SECRET
TALLAHASSEE, FLORIDA

K. B. BLY
EXAMINER
DEC -8 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLUGGERS SPORTS SALOON L.L.C.

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

SLUGGERS SPORTS SALOON LLC

Firm/Company

538 SIDE CREEK LANE

Address

ST. AUGUSTINE, FL 32084

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:

ANDREW C LAIRD

904 669-8551
at ()

Name of Person

Area Code

Daytime 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APPROVED
AND
FILED
14 DEC -8 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SLUGGERS SPORTS SALOON L.L.C.

(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 JANUARY 13, 2014 and assigned
Florida document number L14000006966.

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) _____

SLUGGERS SPORTS SALOON LLC

538 SIDE CREEK LANE

ST. AUGUSTINE, FL 32084

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOESPH J MERRITT	6 PACIFIC STREET	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL. 32084	<input checked="" type="checkbox"/> Remove
MGR	GERALD L CLIPPER	225 OLD VILLAGE CIRCLE UNIT 4203	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL. 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

APPROVED
AND
FILED
14 DEC -8 AM 10:31

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

ANDREW C LAIRD OWNER / PRESIDENT / CEO

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 8th, 2014.



Signature of a member or authorized representative of a member

ANDREW C LAIRD

Typed or printed name of signee

RECEIVED
TALLAHASSEE
FLORIDA

14 DEC -8 AM 10:31

APPROVED
AND
FILED